

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cua, Lilia (ARCH)	CHAPTER 100.1
Address: 464 Heahea Street, Hilo, Hawaii 96720	Inspection Date: August 19, 2021 – Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Kitchen refrigerator - two (2) refrigerator thermometers read 50° F.</p>	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Changed the refrigerator to a correct temperature. Appropriate and desirable temperature is visible at the time of inspection which is 38° F.</i></p>	<p style="text-align: center;"><i>8/19/2021</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – no physician order to crush meds.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b> <i>YES</i></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Physician order to crush meds acquired. Physician stated it in the Physician Notes and order and signed.</i></p>	<p style="text-align: center;"><i>8/19/2021</i></p>

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AUG 20 2021

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b>FINDINGS</b>  Resident #1 – physician order dated 07-13-21 read, "Acetaminophen ES 500 mg/15 ml 15-30 ml every 8 hours PRN fever, pain. Not to exceed 3,000 mg in 24 hours." However, PRN medication not listed on the July and August 2021 medication record.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"> <i>Inserting Med <sup>Acetaminophen</sup> Record in resident chart for July + August 2021</i> </p>	<p style="text-align: center;"><i>8/19/2021</i></p>

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Licensee's/Administrator's Signature:

*Lilia I. Cua*

Print Name:

Lilia I. Cua PCG

Date:

8/20/2021

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