

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hernani T. Valenzuela Aguilar ARCH/EC-ARCH	CHAPTER 100.1
Address: 98-864 Kaamilo Street Aiea, Hawaii 96701	Inspection Date: June 25, 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.

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

21 AUG 18 P2:34

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – The following changes to wound care treatment orders were not transcribed to medication administration record:</p> <ul style="list-style-type: none"> - Cleanse wound with SAF wound cleanser - Cavilon barrier film around the wound - Apply hydrophilic wound dressing - Betadine as needed - Place Mipilex Ag and cover with Mipilex borders 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>The deficiency has been corrected on June 30, 2021 by (put) including the medication in the MAR.</i></p>	<p style="text-align: right;"><i>7/7/21</i></p> <p style="text-align: right;">21 JUL 16 P 3:28</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – On 8/24/20 Physician signed medication orders, however, medication have not been renewed since, a period of 10 months.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Correction has been made by sending clarification order / list of current medications of the resident. Signed & approved by PCP, in compliance with the order for re-evaluation of medications every 4 months or as ordered by Physician.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII D&H-DEPT STATE LICENSING</p>	<p style="text-align: right;"><i>8/13/21</i></p> <p style="text-align: right;">21 AUG 18 P 2:34</p>

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Licensee's/Administrator's Signature: *Hernani Aguilar*

Print Name: HERNANI AGUILAR

Date: July 8, 2021

21 JUL 16 P 3:28
STATE OF HAWAII
DHF-OHCA
STATE LICENSING

Licensee's/Administrator's Signature: Herman T. [Signature]

Print Name: HERMANI AGUIAR

Date: 8/13/21

STATE OF HAWAII
BSH-CHCA
STATE LICENSING

21 AUG 18 P2:35