

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Simpliciano's ARCH	CHAPTER 100.1
Address: 94-106 Kupau Place, Waipahu, Hawaii, 96797	Inspection Date: March 29, 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-OLCA
STATE LICENSING

21 JUN 14 10:51

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 –</p> <ol style="list-style-type: none"> 1. Medication administration record (MAR) shows “Ferrous Sulfate 325 mg BID”, however, no physician’s order available for review. 2. Transcription error: For the months of June 2020 through August 2020, MAR reads “Pantoprazole 40mg 1 tab PO QD”, however, it should read “Pioglitazone 15mg tabs, give ½ tab PO QD”. 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<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><u>FINDINGS</u> Resident #1 –</p> <ol style="list-style-type: none"> 1. Medication administration record (MAR) shows “Ferrous Sulfate 325 mg BID”, however, no physician’s order available for review. 2. Transcription error: For the months of June 2020 through August 2020, MAR reads “Pantoprazole 40mg 1 tab PO QD”, however, it should read “Pioglitazone 15mg tabs, give ½ tab PO QD”. 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>★: Resident #1: I and my Substitute will double check the medication bottles that everything will match the physician order</p>	<p>6/2/21</p>

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21 JUN 14 09:51

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 – PCG progress note notes a telephone order was given on 7/30/20 to discontinue medications, however, MAR reflects said medications were discontinued on 6/30/20 instead of 7/30/20.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 – PCG progress note notes a telephone order was given on 7/30/20 to discontinue some medications, however, no telephone order is available for review.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (1) In addition to the requirements in subchapter 2 and 3:</p> <p>A registered nurse other than the licensee or primary care giver shall train and monitor primary care givers and substitutes in providing daily personal and specialized care to residents as needed to implement their care plan;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of RN CM delegation or training for oral or sublingual medications.</p> <p>STATE OF HAWAII DOH-ORCA STATE LICENSING</p> <p>21 JUN 14 09:51</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>*: RN/CM training was completed and documentation is in the record</p>	<p>3/30/31</p>

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Licensee's/Administrator's Signature: Ofelia C. Simpliciano

Print Name: OFELIA C. SIMPLICIANO

Date: 4-9-21 / 6/2/21

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