## Office of Health Care Assurance

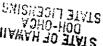
## **State Licensing Section**

## 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.



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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  FINDINGS	PART 1	
Resident #1 –  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".	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	PART 2 <u>FUTURE PLAN</u>	
FINDINGS Resident #1 —  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	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
40mg 1 tab PO QD", however, it should read "Pioglitazone 15mg tabs, give ½ tab PO QD".	to Ouridan 1 th	
	I and my Substitute will double check the redication bottles that every thing will mother	6/2/21
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (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.	PART 1	
FINDINGS 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.		
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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	STATE OF HAWAII DOH-OHOA STATE LICENSING	Resident # 1:  Twill use the telephone order instruction sheet as a reminder of inportation of need as well as a procedure for majury  Leling a telephone order	6/2/21
	IS 64 PIND IS.		

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (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.  FINDINGS 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.	PART 1	
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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STATE OF HAWAII GOH-OHCA STATE LICENSING	Peridont II!  I will now the Telephone order instruction that are a remoder of information of need as well as a procedure for properly Teleny a Telephone order	6 (2   21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-83 Personnel and staffing requirements. (1) In addition to the requirements in subchapter 2 and 3:  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;  FINDINGS Resident #1 – No documented evidence of RN CM delegation or training for oral or sublingual medications.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  *** RUCM training was congulated and documentation is in the record	
IC: QA DI MUL IS  NAWAH TO STATE  A OHO-HOM  STATE LICERSING  STATE		

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STATE OF HAWAII STATE OF HAWAII STATE LICENSING STATE LICENSING	Perident # 1.  To prevent this will Reppend again  I will use my care glan review  checkiest to which metudes making  me RN training is in the record	6/2/21

Print Name: OFELIA C. SIMPLICIANO

Date: 4-9-21 / 6/2/24

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