

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Amodo, Gloria (ARCII)	CHAPTER 100.1
Address: 1437 Ala Leleu Street, Honolulu, Hawaii 96818	Inspection Date: November 9, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
 DHH-DHS-A
 STATE LICENSING
 JAN 21 10:04

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1 - Physician's order dated 9/24/21 states, "OMEPRAZOLE 40MG EC CAP TAKE ONE CAPSULE ORALLY ONCE DAILY FOR REFLUX"; however, medication is not available on medication administration record nor being documented when administered.</p> <p style="text-align: center;">STATE OF HAWAII STATE DEPARTMENT OF HEALTH STATE OF HAWAII</p> <p style="text-align: center;">21 DEC 22 09:04</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>Omeprazole was recorded on the MAR from 9/24/21 - 11/9/21 on.</i></p> <p><i>In the future, I will double check to make sure all medications are recorded on the MAR which will include Omeprazole.</i></p> <p><i>I will verify each bottle according to the medication list. This should help to prevent any medication from being unrecorded.</i></p>	<p style="text-align: center;">11/9/21</p>

	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 – Physician’s order dated 9/24/21 states, “OMEPRAZOLE 40MG EC CAP TAKE ONE CAPSULE ORALLY ONCE DAILY FOR REFLUX”; however, medication is not available on medication administration record nor being documented when administered.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, a checklist will be posted on the refrigerator or placed in the CH binder reminding me to make sure all medications are listed and double checked on the MAR.</i></p>	<p style="text-align: right;"><i>1/21/22</i></p> <p style="text-align: right;">22 JAN 21 AM 10:04</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – Current inventory of valuables unavailable for review</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>I updated inventory of valuables In the future, I will update inventory of valuables as they occur and annually.</i></p>	<p><i>11/9/21</i></p>

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 STATE LICENSING

21 DEC 22 09:04

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signaturc: Gloria Amado

Print Name: Gloria Amado

Date: 12/21/21

STATE OF HAWAII
DMV - CHGO
STATE LICENSING

21 DEC 22 19:04

Licensee's/Administrator's Signature: Gloria Amodo

Print Name: Gloria Amodo

Date: 1/21/22

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