

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Inocencio, Patricia (ARCH)	CHAPTER 100.1
Address: 1423 Mailani Street, Hilo, Hawaii 96720	Inspection Date: October 5, 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>§11-100.1-15 <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 – physician order date 09-03-21 read:</p> <ul style="list-style-type: none"> • “Acetaminophen 325 mg <u>2 po BID</u>” • “Pantoprazole SOD tab delay release 40 mg <u>1 PO QD</u>” • “Melatonin tab 3 mg give <u>6 mg at HS</u>” <p>However, September and October 2021 medication record and prescription label read:</p> <ul style="list-style-type: none"> • “Acetaminophen 325 mg <u>1 tab q6 hours</u>” • “Pantoprazole Sod Tab delay Release 40 mg <u>2 times a day</u>” • “Melatonin tab 3 mg <u>1 po at HS or 2 HS pm</u>” 	<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>CFO corrected the following deficiencies on Nov. 30, 2021 by bringing it to the PCP in order to coincide altogether the PCP order, pharmacy label, and documentation in the MAR.</i></p>	<p style="text-align: right;"><i>1/10/22</i></p>

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DEC - 8 2021

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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>FINDINGS Resident #1 – physician order dated 09-03-21 read:</p> <ul style="list-style-type: none"> • “Amlodipine Bes tab 10 mg 1 po QD Hold fir SBP <110, HR <60” • “Metoprolol Tart. 25 mg po BID Hold for SBP <110, HR <60” <p>Blood pressure and heart rate were not documented on the September and October 2021 medication record.</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>CNO corrected the following deficiencies by taking the blood pressure & heart rate just prior to giving the meds. and document it in the MAR.</i></p>	<p><i>1/10/22</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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 report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – two (2) step tuberculosis (TB) skin test, no date of reading.</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>CHD corrected the deficiency by obtaining a copy from the facility, Hall Avenue, the date of her client 2nd step TB Test.</i></p>	<p style="text-align: right;"><i>12/1/21</i></p>

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Licensee's/Administrator's Signature: Patricia D. Innocencio

Print Name: PATRICIA D. INNOCENCIO

Date: 12/1/21

Licensee's/Administrator's Signature: Patricia Innocencio

Print Name: PATRICIA INNOCENCIO

Date: Jan 10, 2022

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JAN 18 2022