

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aginaldo, Evangeline (ARCH)	CHAPTER 100.1
Address: 3787 Mamaki Street, Koloa, Hawaii 96756	Inspection Date: February 4, 2022 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
DOH-DHCA
STATE LICENSING

22 APR -1 P1:32

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 – current tuberculosis clearance did not have SCG’s name and date.</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>Yes, name and date was written on tuberculosis clearance.</p>	<p>FEB 17 2022</p> <p>22 FEB 22 P 3:09</p> <p>STATE OF HAWAII DOMESTICA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> SCG #1 – current tuberculosis clearance did not have SCG’s name and date.</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>In the future, I will review any documents as soon as I receive them and also mark on my calander once a month to remind myself to review all my documents carefully to ensure they are complete.</p>	<p style="text-align: center;">'22 APR -1 P1:32</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	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 – Betamethasone dipropionate 0.05% cream (Diprosone) was listed in MAR from 7/21/21 to current. Initial physician’s order for the medication was dated 1/19/22. There was no order for the medication between 7/21/21 and 1/19/22.</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 style="text-align: center;">Yes, MAR has been corrected.</p>	<p style="text-align: center;">FEB 17 2022</p> <p style="text-align: center;">22 FEB 22 P 3:09</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</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 – Betamethasone dipropionate 0.05% cream (Diprosone) was listed in MAR from 7/21/21 to current. Initial physician's order for the medication was dated 1/19/22. There was no order for the medication between 7/21/21 and 1/19/22.</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>In the future, I will mark on my calander once a month to remind myself to review medication orders and medication administration record to make sure they are matched.</p>	<p style="text-align: right;">'22 APR -1 P1:32</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-04CA STATE LICENSING</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 – Clobetasol emollient base 0.05% cream (Temovate) started 7/21/2021, not listed in medication administration record (MAR).</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 style="text-align: center;">I will mark on my calander once a month to remind myself to review all my records so that I will not miss any documentation.</p>	<p style="text-align: center;">22 APR -1 P1:32</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

Licensee's/Administrator's Signature: Evangelina Aguinaldo

Print Name: Evangelina Aguinaldo

Date: 02/17/22

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

22 FEB 22 P 3:09

Licensee's/Administrator's Signature: Evangeline Aguinaldo

Print Name: Evangeline Aguinaldo

Date: 03/27/22

STATE OF HAWAII
DOH-ONCA
STATE LICENSING

22 APR -1 P1:32