

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: ACTG ARCH #2	CHAPTER 100.1
Address: 1447 Uila Street, Honolulu, Hawaii 96818	Inspection Date: April 8, 2020 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
<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 – Medication orders from 2/6/2020 did not include a route or frequency.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right; vertical-align: bottom;">2/11/2020</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 – Medication orders from 2/6/2020 did not include a route or frequency.</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 style="text-align: center;"><i>Upon admission, new orders will be double check with other caregivers, the accuracy and completion. If there's any discrepancy, the physician (MD) will be notified for clarification.</i></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>FINDINGS Resident #2 – Order for Levofloxacin 750 mg on 6/5/2019 states, “1 tab orally every other day for infection, next dose 6/6/2019;” however, no end date specified. According to June 2019 MAR, medication last given on 6/16/2019.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">6/16/2019</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> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;"</p> <p><u>FINDINGS</u> Resident #2 – Order from 6/5/2019 states, "Onetouch Delica Lancets use as directed to test blood sugar 4 times a day." Per medication administration record (MAR), blood sugar is only checked 3 times a day during breakfast, lunch, and dinner.</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>Called PCP office, obtain Telephone order to clarify label instruction.</i></p>	<p style="text-align: center;"><i>4/9/2020</i></p>
		<p style="text-align: center;"><i>See attached paper</i></p>	

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Licensee's/Administrator's Signature: Teofista Gallegos

Print Name: Teofista Gallegos

Date: 4-12-2020

Licensee's/Administrator's Signature: Teofista Gallegos

Print Name: Teofista Gallegos

Date: 6/17/2020

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