

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Olivas, Rosalinda (ARCH/Expanded ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 3410 Aliamanu Street Honolulu, Hawaii, 96818</b>	<b>Inspection Date: April 13, 2022 Annual</b>

**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  
DEPARTMENT OF  
HEALTH CARE  
LICENSING  
APR 27 11 58

	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><b>FINDINGS</b> Resident #1 – On 2/16/22, Physician ordered “Take daily multivitamin”, however, medication not currently available to resident.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>On April 22, 2022. I called his doctor to order multivitamin. I wrote the medication order given by the physician in my MAR and made available to him.</p>	<p style="text-align: right;">April 22, 2022</p> <p style="text-align: right;">22 APR 27 P 1:58</p> <p style="text-align: right; font-size: small;">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><b><u>FINDINGS</u></b> Resident #1 – On 2/16/22, Physician ordered “Take daily multivitamin”, however, medication not currently available to resident.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">To prevent this deficiency from occurring again in the future, I have to review well medications order after doctor's visit. I have updated my checklist to include my SCLG to check medications order on my MAR with correct order of the physician.</p>	<p style="text-align: right;">April 27, 2022</p> <p style="text-align: right;">22 APR 27 P1 58</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LICENSING</p>

Licensee's/Administrator's Signature: Rosalinda Olivas

Print Name: ROSALINDA OLIVAS

Date: April 27, 2022

22 APR 27 P 1:58  
STATE OF HAWAII  
DON GONZA  
STATE LICENSING