## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Marie Viduya (ARCH)	CHAPTER 100.1
Address: 94-1177 Halelehua Street, Waipahu, Hawaii 96797	Inspection Date: June 6, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  FINDINGS  Resident #1 — Medication order for Ferrous Sulfate = 40 mg po qd. Medication label = Ferrous Sulfate 324 mg po qd. Medication order and label do not match.	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  YES!  Called PCP and neight indication ordered and have the Physician made the necessary changes.	
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\$11-100.1-15 Medications (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  FINDINGS Resident #1 – Medication order for Ferrous Sulfate = 40 mg po qd. Medication label = Ferrous Sulfate 324 mg po qd. Medication order and label do not match.	EUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  A Copy of the curet hat of medicaling will be brought not for resident has all poctor's visit. The after visit aummany that is created will be marked to the curent hist of medications, of there is a discuspen between the after visit summany and current list of medications the PCG SCG will clarify with the physicial and have the MD make the recessand have the MD make the recessand have the MD Sign of the artists of medications.	

1	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.  FINDINGS Resident #1 – Medication order for Isosorbide Dinitrate includes hold parameter, "Hold for SBP <100;" however, there's no documented evidence that blood pressure is/was taken prior to administration.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  YES!  - Blood Pressure has been fallow min to administration of the medication fout not recorded on that time.  - Started recording blood pressure paper to administrating modications to the client's flood pressure record chair.	1
		Control (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	722 JUL 20 NO 57

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	reland having to grame it is recorded.	Completel Sept 6,7002

·	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.  FINDINGS  Resident #1 — Medication order for Vitamin D3 = 25 mcg po qd; however, the medication administration record (MAR) = Vitamin D3 25 mg po qd. The medication order and MAR do not match.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  YES!  Medicalian Administration Dears (MAR) coverled with the might doze. Added C on mg  To real mcg.	Jone 16, 2022
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.  FINDINGS Resident #1 – Medication order for Vitamin D3 = 25 mcg po qd; however, the medication administration record (MAR) = Vitamin D3 25 mg po qd. The medication order and MAR do not match.	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  I will ensure that this does not happen again, to doubte check into they that the medication ordered was written or typed the night dosage on medication administration beard (MAR) as where I by PCP.	
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Licensee's/Administrator's Signature:
Print Name: ROSE MARIE VIDUYA
Print Name: ROSE MARIE VIDUYA  Date: JULY 4, 2022
Licensee's/Administrator's Signature:
Licensee's/Administrator's Signature:  Print Name: RUSE WOWA  Date: Sept. 6. 2032
Date: Sept. 6. 20.22