

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Valdez Care Home | CHAPTER 100.1 |
| Address: 94-1031 Lumiauau Street, Waipahu, Hawaii 96797 | Inspection Date: October 26, 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.

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STATE LICENSING

| | 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’s order dated 9/30/21 states, “Resperidone 3mg 1 tab 2x a day”; however, medication administration record (MAR) for 10/2021 unavailable for review and 11/2021 MAR states, “Resperidone 2mg 1 tab 2x a day”, was initialed off as given. Dosage administered does not reflect physician’s order.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>① chart was thinned prior to annual inspection. added date chart thinned to annual checklist. Nov. 22, '22</p> <p>② 1 month prior to inspection, review MAR & correlate each medication with latest Doctor orders. Nov. 22, '22</p> | <p>Nov. 22, '22</p> <p>Nov. 22, '22</p> |

STATE OF ALABAMA
DEPARTMENT OF
STATE LICENSING

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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 – Schedule of activities unavailable for review</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><i>Plan of care and activities schedule created and placed in care home binder.</i></p> | <p>10-26-22</p> <p>22 NOV -9 AM 1:51</p> <p>STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p> |

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Licensee's/Administrator's Signature: Mirinda R. Valdez

Print Name: Mirinda R. Valdez

Date: Dec. 6, 2022

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STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

Licensee's/Administrator's Signature: Minda R. Valdez

Print Name: MINDA R. VALDEZ

Date: Nov. 23, 2022

22 NOV 23 P 3:10
STATE OF CALIFORNIA
STATE LICENSING

Licensee's/Administrator's Signature: Minda R. Valdez

Print Name: Minda R. Valdez

Date: Nov. 8, 2022

STATE OF HAWAII
DEPT. OF COMMERCE
STATE LICENSING
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