

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Acedo, Melba	CHAPTER 100.1
Address: 2501-A Kinoole Street, Hilo, Hawaii 96720	Inspection Date: December 5, 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.

23 MAR 10 P1:44
STATE OF HAWAII
DEPARTMENT OF
STATE LANDS

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing.</u> (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1 and SCG #2 – no fieldprint background check.</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>I called Fingerprint and asked why we did not received the result yet an agent suggested to check our email and it might be forwarded to JUNK EMAIL because there are other people who had problem with their results. SCG #1 result was found in the JUNK EMAIL.</p> <p>SCG #2, still pending, she took it twice, first was rejected, took another on Dec. 12, 2022. I spoke to Fingerprint agent a few times, one said that it should be reviewed in 2 weeks, last week Friday (March 3) I called again, this time I spoke an agent name Robert and he said that the result should be reviewed soon.</p>	<p style="text-align: right;">23 3/4/23 APR 10 P1:44 LICENSING</p>

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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><u>FINDINGS</u> Resident #1 – physician order updated in May 2022 read, “Docusate/Stool softener 100 mg 1 tablet BID, <u>PRN</u>” However, May – December 2022 medication record read “Stool softener 100 mg 1 tab BID.”</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><i>I corrected and put PRN as what the label indicates.</i></p>	<p style="text-align: right;"><i>3/4/23</i></p> <p style="text-align: right;">'23 MAR 10 P 1:44</p> <p style="text-align: right; font-size: small;">STATE OF TENNESSEE DEPARTMENT OF REVENUE STATE LICENSING</p>

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	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 December 2022 medication record – “Metoprolol 25 mg 1 tab QD was not initialed 12-02-22 – 12-05-22.</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;"><i>I initialed the medication and corrected the day of my inspection.</i></p>	<p style="text-align: right;"><i>3/4/23</i></p> <p style="text-align: right;">23 MAR 10 P1:44</p> <p style="text-align: center; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

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Licensee's/Administrator's Signature: Melba Deal

Print Name: Melba Deal

Date: 3/4/23

STATE OF TENNESSEE
DEPARTMENT OF REVENUE
STATE LICENSING

23 MAR 10 P 1:44