

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Medy's ARCH II | CHAPTER 100.1 |
| Address: 1229 Ala Pili Loop, Honolulu, Hawaii 96818 | Inspection Date: May 31, 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.

22 AUG -3 P 2:45
 STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes do not include observations of the resident’s response to medications.</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>22 JUN 14 P3:53</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF MICHIGAN JUN 14 2014 3:53 PM</p> |

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| ☒ | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes do not include observations of the resident's response to medications.</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> <ol style="list-style-type: none"> 1. In the future, I shall include in the "Monthly Progress Report" based on my observations the residents tolerance/intolerance to the ordered/prescribed medications. 2. I shall monitor the response/tolerance/intolerance of the resident for the ordered/prescribed meds, document observations as they occur, daily, wkly. and or as needed and address observations in the "Monthly Progress Notes" 3. SCW shall be instructed to monitor and follow up, report ^{and} residents' reactions to prescribed meds/Rx, report and document observations as they occur, daily/wkly and or as needed 4. I shall report reaction; tolerance/intolerance of prescribed medication/treatments to the PCP/APRN promptly, follow and document treatment plan and monitor progress daily, wkly. All these shall be included/addressed in the "Monthly Progress Notes" | <p style="text-align: right;">22 AUG -3 P2:45</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p><u>FINDINGS</u> No six (6) month comprehensive reassessment conducted after 6/11/2021.</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>1. Six month "Comprehensive Review" and "Monthly CM Review" combined, was last done 12/9/2021 noted upon review of the chart. 6/4/22</p> <p>2. Informed/reminded RN/CM that 6 mo. "Comprehensive Review" is due 6/22 by leaving a "Note" on the front cover of the resident's chart. 6/4/22</p> | <p style="text-align: center;">22 JUN 14 P3:53</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p> |

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Licensee's/Administrator's Signature: Mediatrix De Lara

Print Name: MEDIATRIX DE LARA

Date: June 8, 2022

STATE OF CALIFORNIA
DORIS PERA
STATE LICENSING

'22 JUN 14 P3:53

Licensee's/Administrator's Signature: Mediatrix De Lara

Print Name: MEDIATRIX DE LARA

Date: August 1, 2022

STATE BOARD
OF REAL ESTATE
STATE EXAMINING

'22 AUG -3 P2:45