

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|   |   |
|---|---|
| <b>Facility's Name:</b> Olivas, Rosalinda (ARCH/Expanded ARCH)  | <b>CHAPTER 100.1</b>                          |
| <b>Address:</b><br>3410 Aliamanu Street Honolulu, Hawaii, 96818 | <b>Inspection Date:</b> April 12, 2023 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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JUL 12 2023

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION  | Completion Date       |
|-------------------------------------|---|---|-----------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (e)<br/>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><br/>Resident #1 – The medication administration record (MAR) does not state the indication for the following “as needed” or PRN medication.</p> <ul style="list-style-type: none"> <li>• Cetirizine</li> <li>• Ammonium lactate</li> <li>• Vani cream</li> <li>• Acetaminophen</li> <li>• Robitussin</li> </ul> | <p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>As of 4-15-23 I reviewed and corrected my MAR that didn't state the indication for all PRN medications.</i></p> | <p><i>4-15-23</i></p> |

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|  | <p>§11-100.1-20 <u>Resident health care standards.</u> (c)<br/>The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – Registered Nurse Case Manager (RN CM) care plan indicates that bowel movements are to be monitored. No documented evidence showing this is being done.</p> | <p><b>PART 1</b></p> <p><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>As of 4-20-23 bowel movements were monitored and documented on the flow sheet and added in my folder</p> | <p>4-20-23</p>  |

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Licensee's/Administrator's Signature: Rosalinda Olivas

Print Name: ROSALINDA OLIVAS

Date: June 12, 2023

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