

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bumanglag, Violeta (ARCH)	CHAPTER 100.1
Address: 2152 North School Street, Honolulu, Hawaii 96819	Inspection Date: April 13, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

23 JUL 21 PM 2:04
STATE OF HAWAII
DOH-ORCA
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 – Betamethasone ointment prescribed 9/15/2022; however, ointment did not appear on medication administration record (MAR), and no documented order to discontinue it.</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 went to the Dr 7/19/23 to clarify the ointment Betamethasone Prescribed 9-15-22 . Dr. signed that Betamethasone ointment discontinued 9-15-22 . I also recorded in the Med. record that the said ointment is discontinued</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DH-ORCA STATE LICENSING</p>	<p style="text-align: center;">7-19-23</p> <p style="text-align: center;">23 JUL 21 PM 2:04</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 unavailable from April 2022 to December 2022.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><i>unable to correct</i></p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;"><i>2/26/23</i></p>

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Licensee's/Administrator's Signature: Violen Bumanglag

Print Name: VIOLETA BUMANGLAG

Date: 5-18-2023

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Licensee's/Administrator's Signature: Violeta Bumanglag

Print Name: VIOLETA BUMANGLAG

Date: 6-21-2023

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Licensee's/Administrator's Signature: Viola Bumanglag

Print Name: VIOLETA BUMANGLAG

Date: 7-19-23

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