

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cacal, Evelyn (ARCH)	CHAPTER 100.1
Address: 94-1161 Hinaea Street, Waipahu, Hawaii 96797	Inspection Date: June 8, 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.

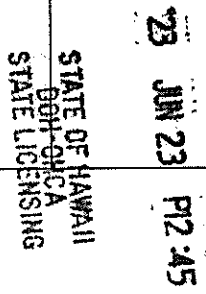
STATE OF HAWAII
DOH-OHCA
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1 – Diet ordered on annual physical exam = "regular." However, on electronically signed office visit notes from 9/14/2022, 12/15/2022 and 3/15/2022, it states, "continue low salt/low fat diet/ADA." No documented evidence the resident's physician was contacted for clarification regarding the diet order.</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>Primary caregiver obtained clarification regarding the diet order from Resident #1's Primary Care Physician and recorded on the physician's order sheet on 06/14/2023.</i></p> <p><i>Cardiac diet (2g Na, low cholesterol, low fat), NCS diet</i></p>	<p>06/19/2023</p> <p style="text-align: right;">23 JUN 23 12:45 STATE OF HAWAII DOH-ONCA 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> (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 – Signed medication order for Preservision on 8/10/2022 = Preservision AREDS 2 – Take 1 cap orally once daily. Signed medication order for Preservision on 8/22/2022 = Preservision AREDS 2 – Take 1 cap orally twice daily. All medication administration records (MARs) from July 2022 and on = Preservision AREDS 2 – Take 1 cap orally twice daily. 8/10/2022 medication order was not accurately reflected on the August 2022 MAR.</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>06/19/2023</p> <p>23 JUN 23 112:45</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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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 – No progress notes written regarding effectiveness of Tylenol taken from 4/3/2023 to 4/5/2023.</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>06/19/2023</p>

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Licensee's/Administrator's Signature: Allen Gervacio

Print Name: Allen Gervacio

Date: 06/19/2023

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