

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Marie Viduya (ARCH)	CHAPTER 100.1
Address: 94-1177 Halelehua Street, Waipahu, Hawaii 96797	Inspection Date: June 9, 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 AUG 17 P 1:47
STATE OF HAWAII
DOH-OLCA
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 – Supplements orders from 7/1/2022 for Vitamin B12 and Vitamin E incomplete, as they did not include a dose.</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>6-20-23 JY</p>

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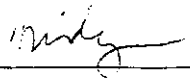
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medications not reevaluated and signed every four (4) months from 8/18/2022 to 1/11/2023.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medications not reevaluated and signed every four (4) months from 8/18/2022 to 1/11/2023.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again, for each resident's binder I will write the date of the last medications re-evaluation and the month that the next medication is due. I will keep this in the front binder so I can see it anytime I check the record. I will also make a list of all residents' medications re-evaluations and keep it in the one time folder/binder, this list will be reviewed by the PCG and SCG monthly to ensure meds are re-evaluated on time. I will also set up my phone calendar reminders so I can keep updated on time.</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p>	<p>23 AUG 17 P1:47</p>

Licensee's/Administrator's Signature: Miley

Print Name: ROSE MARIE VIDUYA

Date: JUNE 15, 2023

Licensee's/Administrator's Signature: 

Print Name: Rosa Viduya

Date: Aug. 14, 2023