

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hernani T. Valenzuela Aguilar ARCH/EC-ARCH	CHAPTER 100.1
Address: 98-864 Kaamilo Street Aiea, Hawaii 96701	Inspection Date: June 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.

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING
SEP 28 AM 1:26

	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 – Does not have a diet order that is annually signed by a Physician/APRN. The last diet orders were 10/18/21 for Cardiac, 2-gram Low Cholesterol diet and just over one month later on 11/21/21 for Regular Diet.</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>The deficiency has been corrected on 9/12/23 by faxing over request form (diet order) for doctor's approval + signature.</i></p>	<p style="text-align: right;"><i>9/20/23</i></p> <p style="text-align: center;">23 SEP 28 AM 12:26</p> <p style="text-align: center;">STATE OF KANSAS DEPARTMENT OF HEALTH STATE INSPECTOR</p>

	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 – Does not have a diet order that is annually signed by a Physician/APRN. The last diet orders were 10/18/21 for Cardiac, 2-gram Low Cholesterol diet and just over one month later on 11/21/21 for Regular Diet.</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> <p><i>In the future, I will add this documented diet to my operating annual check list and let my SCs double check my work to ensure that everything is completed</i></p>	<p style="text-align: right;"><i>7/20/23</i></p> <p style="text-align: right;">23 SEP 28 AM 1:26</p> <p style="text-align: right;">STATE OF HAWAII BOB SUDA STATE ENGINEER</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Resident #1 – OTC box of Dulcolax suppositories did not have a neither a pharmacy label nor a home-made label with Physician's orders details specific to resident.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>The deficiency has been corrected by putting home made label specifically on the box: Resident's name, physician's order details. Date corrected: 6/18/23</i></p>	<p style="text-align: right;"><i>9/20/23</i></p> <p style="text-align: right;">23 SEP 28 AM 1:26</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH - SNOA STATE LIAISON</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – OTC box of Dulcolax suppositories did not have a neither a pharmacy label nor a home-made label with Physician's orders details specific to resident.</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> <p>In the future, I ^{have} will put a reminder (post-it) on Program Notes for me to remember, and also add to my check list reminders placed on medication cabinet to remember OTC made a home made label</p>	<p>STATE OF HAWAII HHA SEP 20 P4:17 10/25/23 SEP 28 PM 1:26 STATE OF HAWAII HHA STATE LIC. DIV. 2</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS Resident #1 -- Pharmacy label for multiple medications were covered by home-made label.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I reminded the physician to call in the pharmacy if any changes in medication frequency, dosage + correct labelling as ordered by the doctor. changes made 9/15/23</p> <p>Removed OTC labels as it's no longer covering pharmacy labels</p>	<p style="text-align: center;">STATE OF HAWAII DH-ERRA STATE LICENSING</p> <p style="text-align: center;">STATE OF HAWAII DH-ERRA STATE LICENSING</p> <p>23 SEP 20 P4:10 23 SEP 28 AM 26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">23 SEP 28 AM 12:26</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII NON-COMMERCIAL STATE LICENSING</p>	<p><input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 - Pharmacy label for multiple medications were covered by home-made label.</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> <p>In the future, I will put a reminder (post it) to inform the physician on/ during/ visit to inform pharmacy of ^{any} medication change to be labeled in accordance to doctor's orders.</p> <p>I have added a post it reminder to my medication cabinet to not cover pharmacy labels w/ label.</p>	<p style="text-align: right;">9/20/23</p> <p style="text-align: right;">OCT 20 P 3 26</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII NON-COMMERCIAL STATE LICENSING</p>

	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 – Order for nutritional supplement “Ensure or Boost” is non-standard and requires clarification by Physician or APRN.</p> <ul style="list-style-type: none"> On 10/28/22, Physician ordered, “Ensure or Boost drink 1-2 bottles per day”. On 1/27/23, Physician ordered, “Ensure or Boost drink 1-2 bottles per day as needed”. <p>Order must specify the type of Ensure or Boost, for example, “Ensure original” or “Boost High Protein”. The order must also include the indication or parameters in which the care giver is to administer the “as needed” supplement.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>The deficiency has been corrected by Physician & I have corrected MAR for Ensure Original or Boost High Protein to be given as needed for supplement.</i></p>	<p style="text-align: center;">10/20/2023</p>

23 SEP 28 AM 11:26

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

23 OCT 20 P 3:26

	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 – Order for nutritional supplement “Ensure or Boost” is non-standard and requires clarification by Physician or APRN.</p> <ul style="list-style-type: none"> On 10/28/22, Physician ordered, “Ensure or Boost drink 1-2 bottles per day”. On 1/27/23, Physician ordered, “Ensure or Boost drink 1-2 bottles per day as needed”. <p>Order must specify the type of Ensure or Boost, for example, “Ensure original” or “Boost High Protein”. The order must also include the indication or parameters in which the care giver is to administer the “as needed” supplement.</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> <p><i>HVA have made</i> <i>In the future, I will make a</i> <i>note (post it) as a reminder</i> <i>to review doctor's ordered</i> <i>medications to be complete</i> <i>of the type + specifications</i> <i>parameters for PRN</i> <i>medications.</i></p>	<p><i>HVA</i> 9/20/23 10/26/23</p> <p>23 OCT 20 P4:17 23 SEP 28 AM 26</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSES STATE OF HAWAII DEPT. OF HEALTH STATE LICENSES</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS Resident #1 – Physician's order reads: "Xarelto 15mg tablet, take 1 tab by mouth every day with dinner, hold if rectal bleeding". However, for the months of 6/2022 through 5/2023, the medication administration record (MAR) does not include the parameter, "hold if rectal bleeding".</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I have corrected the deficiency by adding (writing "Hold if rectal bleeding" on the MAR on June 15, 2023</i></p>	<p style="text-align: right;"><i>9/20/23</i></p>

23 SEP 28 AM 11:25

STATE OF HAWAII
DCH-SUDA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order reads: "Xarelto 15mg tablet, take 1 tab by mouth every day with dinner, hold if rectal bleeding". However, for the months of 6/2022 through 5/2023, the medication administration record (MAR) does not include the parameter, "hold if rectal bleeding".</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> <p><i>I have put reminder notes on the MAR, the to indicate ^{HVA} all specifications/parameters above indicated on medication ^{10/20/23} labels on Mar.</i></p>	<p style="text-align: center;">STATE OF HAWAII STATE LICENSING</p> <p style="text-align: center;">OCT 20 P 4:18 '23</p> <p style="text-align: center;">STATE OF HAWAII STATE LICENSING</p> <p style="text-align: center;">SEP 28 AM 1:25 '23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p>FINDINGS Resident #1 – Physician’s order for “Metoprolol succ ER 25mg tab, take 1 tab by mouth 2 times per day” was ordered on 4/22/22 and renewed on 10/28/22, 1/27/23, and 3/7/23. Order does not include any parameters, however, MAR entries for the months of June 2022 through May 21, 2023 include the parameter, “hold for HR <60”.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I have corrected the deficiency by including specific parameters on the MAR written as "Hold for HR < 60. on June 15, 2023.</i></p>	<p style="text-align: center;"><i>9/20/23</i></p> <div style="text-align: right;"> <p>23 SEP 28 AM 1:25</p> <p>STATE OF HAWAII POLICE STATE LICENSING</p> </div>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order for "Metoprolol succ ER 25mg tab, take 1 tab by mouth 2 times per day" was ordered on 4/22/22 and renewed on 10/28/22, 1/27/23, and 3/7/23. Order does not include any parameters, however, MAR entries for the months of June 2022 through May 21, 2023 include the parameter, "hold for HR <60".</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> <p><i>I have put reminder notes on the MAR that indicate all specifications/parameters WRITTEN included on medication labels. on MAR.</i></p> <p><i>HVA</i></p>	<p style="text-align: center;"><i>HVA</i></p> <p style="text-align: center;"><i>10/20/23</i></p> <p style="text-align: center;">23 OCT 20 P 4:18 23 SEP 28 AM 1:25</p> <p style="text-align: center;">STATE OF HAWAII STATE LICENSING BOARD STATE OF HAWAII STATE LICENSING BOARD</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 5/22/23 reads, “Dulcolax 10mg supp, insert 1 supp if not BM x 3 days as needed for constipation”. Last order available for review in record is 11/3/21. However, for the months of 6/2022 through 5/21/2023, the medication appears on the MAR.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>The deficiency has been corrected. Just follow the latest physician's order dated 5/22/23 PRN.</i></p>	<p style="text-align: center;"><i>9/20/23</i></p> <p style="text-align: center;">23 SEP 28 AM 11:25</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORHA STATE LIDENRMS</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order dated 5/22/23 reads, "Dulcolax 10mg supp, insert 1 supp if not BM x 3 days as needed for constipation". Last order available for review in record is 11/3/21. However, for the months of 6/2022 through 5/21/2023, the medication appears on the MAR.</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> <p><i>In the future, I make sure that in the process of thinning our binders for old doctor's orders + all other pertinent documents may be made available to reconcile if needed. To prevent this from happening again in the future, I have posted a reminder on my MAR tab to verify all MAR entries have existing current orders.</i></p>	<p style="text-align: right;">HWA 9/20/23 OCT 20 P 4:18 23 10/20/23 23 SEP 28 AM 1:25</p> <p style="text-align: center;">STATE OF HAWAII BOB BROWN GOVERNOR STATE LICENSING STATE OF HAWAII BOB BROWN GOVERNOR STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order for “Docusate Sodium 100mg soft gel, take 1 cap by mouth 2 times daily. Hold for loose stool” was ordered on 4/22/22 and renewed on 10/28/22, 1/27/23, 3/7/23 and 5/22/23. The June 2022 MAR does not include the parameter, “hold for loose stool”.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>The deficiency has been corrected by adding "hold for loose stool" 9/28/23 on the MAR on 6/15/23.</i></p>	<p style="text-align: right;">23 SEP 28 AM 1:25</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Physician's order for "Docusate Sodium 100mg soft gel, take 1 cap by mouth 2 times daily. Hold for loose stool" was ordered on 4/22/22 and renewed on 10/28/22, 1/27/23, 3/7/23 and 5/22/23. The June 2022 MAR does not include the parameter, "hold for loose stool".</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> <p><i>In the future, I will remind myself to make notes like Post it, check it as a reminder to include parameters on the MAR. Make sure SEG will double check/review medications listed.</i></p> <p><i>I have put reminded notes on the MAR that indicate all specifications/parameters on MAR</i></p>	<p style="text-align: center;">23 SEP 20 P4:18</p> <p style="text-align: center;">23 SEP 28 AM 1:25</p> <p style="text-align: center;">10/20/23</p> <p style="text-align: center;">23 SEP 28 AM 1:25</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – The last time resident's possession list was updated was 2021.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>The deficiency corrected on 7/21/23 by making a new inventory for the resident's valuables/possessions.</i></p>	<p style="text-align: center;"><i>9/20/23</i></p> <p style="text-align: center;">23 SEP 28 AM 125</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><u>FINDINGS</u> Resident #1 – The last time resident's possession list was updated was 2021.</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> <p><i>To prevent from happening again, I ^{HWA} have included this in my checklist to be updated annually or as needed.</i></p>	<p style="text-align: right;"><i>10/20/23</i></p> <p style="text-align: right;"><i>9/20/23</i> HWA</p> <p style="text-align: right;">23 OCT 20 P4:18</p> <p style="text-align: right;">23 SEP 28 AM 1:25</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p> <p style="text-align: center;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	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 – Resident lost a total of 12 pounds during this inspection year. Although weight loss is mentioned on care giver progress notes, the notes do not include any actions taken in response to weight loss.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Though it has been a concern brought out ^{by} CG & family regarding observation of resident's weight loss in every visit with her doctors, the only noted order by doctor is ^{the} prescribed supplements like Ensure or Boost. No other actions or activities were discussed or implemented or advised. However, CG make encourage ^g to eat more / give more ^{of} but considering that probably it's part of aging process of dementia that's already progressing. But mobility ^{is} as better than before.</p> <p>20 I have included actions taken in progress notes</p>	<p style="text-align: right;">9/20/23</p> <p style="text-align: right;">23 OCT 20 PM 1:18 23 SEP 28 AM 1:25</p>

10/20/23

	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 – Resident lost a total of 12 pounds during this inspection year. Although weight loss is mentioned on care giver progress notes, the notes do not include any actions taken in response to weight loss.</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> <p><i>In the future, I would consider the part in Progress Notes that says "Any changes in condition" <input checked="" type="checkbox"/> Yes</i> Describe Type + Actions taken: I will make a note (check list) for documentation. ^{HVA}</p>	<p style="text-align: right;">9/20/23</p> <p style="text-align: right;">23 SEP 28 AM 12:25</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – Resident is prescribed three medications that included parameters require having knowledge of resident’s daily bowel movements (Docusate Sodium, Polyethylene glycol, and Dulcolax suppositories), however, there is no documented evidence that resident’s bowel habits are being kept track of.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">DID YOU CORRECT THE DEFICIENCY?</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>These medications were prescribed by the residents PCP before admission + therefore were made available upon admission as needed medications except Docusate Sodium + Polyethylene glycol.</p> <p>Keeping Track of BM will be added on MAR</p> <p>Corrected date: July 1, 2023</p>	<p style="text-align: right;">23 SEP 28 AM 11:25</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS BOH-9800A STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – Resident is prescribed three medications that included parameters require having knowledge of resident’s daily bowel movements (Docusate Sodium, Polyethylene glycol, and Dulcolax suppositories), however, there is no documented evidence that resident’s bowel habits are being kept track of.</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> <p><i>To prevent this from happening again, my procedure is to review & update check list to ensure I'm in compliance with the rules + regulations.</i></p> <p><i>To prevent this from happening again, I have added BM tracking to my MTR.</i></p>	<p style="text-align: right;">9/20/23</p> <p style="text-align: right;">10/22/23</p> <p style="text-align: right;">23 SEP 28 2023 05:20 P 3:26</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND B&H-001-A STATE LICENSING</p>

Licensee's/Administrator's Signature: Mr. T. V.

Print Name: Hernani Aguilar

Date: Oct 20, 2023

STATE OF HAWAII
DEPT. OF COMMERCE
STATE LICENSING

23 OCT 20 P 3:26

Licensee's/Administrator's Signature: Heru T. Aguiar

Print Name: HERUANI T. V. AGUIAR

Date: 9/28/23

STATE OF HAWAII
DHF-010/A
STATE LICENSING

23 SEP 28 AM 12:25