

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Inocencio, Patricia (ARCH)	CHAPTER 100.1
Address: 1423 Mailani Street, Hilo, Hawaii 96720	Inspection Date: October 26, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m)</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – Physician order dated 5/1/23, 6/1/23, and 9/27/23 for the following medications:</p> <ul style="list-style-type: none"> • “Oyster Shell Cal. 500mg/Vit D3 200mg PO BID.” No documentation on Medication Administration Record (MAR) that medication was administered from September 7, 2023 to September 28, 2023. • “Polyethylene Glycol Powder 17gm. 1 scoop QD.” No documentation on MAR that medication was administered from October 17, 2023 to October 26, 2023. 	<p style="text-align: center;">PART 1</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>	

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Licensee's/Administrator's Signature: *Patricia*

Print Name: Patricia Inocencio CHA

Date: 01/05/2024