

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Maria Norma Jacinto ARCH-EC</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-332 Kipou Place, Waipahu, Hawaii 96797</b>	<b>Inspection Date: August 14, 2023 Annual</b>

**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.**

**NOV 29 2023**

	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><b><u>FINDINGS</u></b> 11-100.1-15(f): Resident #1 – Physician ordered “Vicks Vapor Rub, rub BID to treat and soften toenails.” No documented evidence if aforementioned medication administered to resident, refused by resident, or not given to resident for any reason on the July 2023 medication administration record (MAR).</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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>, (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b>FINDINGS</b> Resident #5 – Facility register not updated with most current admission of resident.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Yes, corrected deficiency as soon as my nurse supervisor discussed it to PGG.</i></p>	<p style="text-align: center;"><i>8/14/23</i></p> <p style="text-align: right;">23 AUG 15 P 1:14</p> <p style="text-align: right;">STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents:</p> <p><b>FINDINGS</b> Resident #5 – Facility register not updated with most current admission of resident.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>To prevent this deficiency from happening again in the future I have to use my tool admission / readmission checklist by entering name of resident in the resident register form as soon as resident admitted in the home.</i></p>	<p style="text-align: right;"><i>8/15/23</i></p> <p style="text-align: right;"><b>23 AUG 15 P 1:14</b></p> <p style="text-align: right;"><b>STATE OF HAWAII DGH-DHCA STATE LICENSING</b></p>

Licensee's/Administrator's Signature: \_\_\_\_\_

*Jaacinto*

Print Name: \_\_\_\_\_

María Norma M. Jaacinto

Date: \_\_\_\_\_

Aug. 15, 2023

STATE OF HAWAII  
BQH-OHCA  
STATE LICENSING

23 AUG 15 P1:14

