STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Solmerin, Ofelia (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 366 Kapualani Street, Hilo, Hawaii 96720	Inspection Date: November 30, 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
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – • Medication orders are incomplete and do not indicate the route by which to administer medications by. • On 7/6/23, Physician signed orders read, "Hydrocortisone as prescribed", however, medication is not listed on the medication administration record from 7/6 to current.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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Licensee's/Administrator's Signature: ____________________________________

Print Name: ____________________________________

Date: ____________________________________