

State Licensing Section

STATE OF HAWAII

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lota Bumanglag	CHAPTER 100.1
Address: 94-366 Kahuanani Street, Waipahu, HI 96797	Inspection Date: March 1, 2024 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #3 – No documented evidence that the diet “low salt” diet ordered on 2/16/2024 was clarified with the physician. “Low salt” diet is a nonstandard diet order.</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 style="text-align: center;">I called PCP on 3/4/24 to re-evaluate the resident's diet order. PCP changed diet order to regular without restriction. Electronically signed by PCP on 3/5/24.</p>	<p style="text-align: center;">3/5/24</p> <p style="text-align: center;">24 MAR 22 PM 2:18</p>

STATE OF MONTANA
DEPARTMENT OF HEALTH
STANDARD OPERATING PROCEDURES

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #3 – No documented evidence that the diet “low salt” diet ordered on 2/16/2024 was clarified with the physician. “Low salt” diet is a nonstandard diet order.</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> <ul style="list-style-type: none"> - Before leaving the clinic, I will thoroughly review the documents and ask detailed questions about the special diet order. - If a physician changes a diet order, in the future, my nurse consultant informed me that I should create a customized dietary menu <u>within a week</u> of the change. - If there's a change in the diet order, I will make a <u>special note</u> to remind myself. 	<p style="text-align: center;">3/5/24</p> <p style="text-align: right;">24 MAR 22 PM 2:18</p>

STATE OF NEW YORK
DEPARTMENT OF
STATE JUDICIAL

	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 – Physician ordered “Polyethylene Glycol 3350.” No medication label on aforementioned medication.</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 style="text-align: center;"><i>I affixed a new label to the Polyethylene Glycol medication bottle provided by the pharmacy on 3/5/24.</i></p>	<p style="text-align: center;"><i>3/5/24</i></p> <p style="text-align: center;">STATE OF MICHIGAN DEPARTMENT OF STATE LICENSING</p> <p style="text-align: center;">24 MAR 22 PM 2:18</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 – Physician ordered “Polyethylene Glycol 3350.” No medication label on aforementioned medication.</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>- Before writing down the list of medications in the MAR, I will check carefully on the label if intact, OR has a label.</p> <p>- To put a reminder on personal notes (post-it) Note to remember that label is missing, and call pharmacy to make a label for PCG to attach to it.</p>	<p style="text-align: center;">3/5/24</p> <p style="text-align: right;">STATE OF MICHIGAN DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;">24 MAR 22 PM 2:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts</u>. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of a current inventory of belongings on file. Last documented inventory done in 2021.</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 style="text-align: center;">- Inventory of resident's belongings updated on 3/2/24 by PCG. Filed on resident's chart by the Personal belongings Section including ^{clothes} given by PCG.</p>	<p style="text-align: center;">3/2/24</p> <p style="text-align: right;">24 MAR 22 P12:18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of a current inventory of belongings on file. Last documented inventory done in 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>- Inventory of resident's belongings should be updated at least annually, PCG can to write down on the calendar OR the personal notes what month it will be updated ex: Dec.</p> <p style="text-align: right; font-size: small;">STATE OF NEW HAMPSHIRE Elder Services STATE LICENSING</p>	<p style="text-align: center;">3/2/24</p> <p style="text-align: right;">24 MAR 22 PM 2:18</p>

Licensee's/Administrator's Signature: *Lota T. Bumanglag*

Print Name: Lota T. Bumanglag

Date: 3/20/24

STATE OF CALIFORNIA
DEPARTMENT OF
STATE LICENSING

24 MAR 22 12:18