

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

24 MAR 20 12:28
STATE LICENSING SECTION
OFFICE OF HEALTH CARE ASSURANCE

Facility's Name: Prieto, Gloria (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 3504 Likini Street, Honolulu, Hawaii 96818	Inspection Date: April 30, 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>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS One (1) spray bottle of Clorox left unsecured in Bedroom #1 bathroom cabinet.</p> <p>Primary caregiver (PCG) secured during time of inspection.</p>	<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>	<p style="text-align: center;">24 MAY 20 P 2:38</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> One (1) spray bottle of Clorox left unsecured in Bedroom #1 bathroom cabinet.</p> <p>Primary caregiver (PCG) secured during time of inspection.</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'll make sure all the bottle of clorox or spray put in the locker and make a reminder note and posted by the bathroom cabinet. I will refer this note when I make my daily audit.</i></p>	<p style="text-align: center;">4/30/24</p> <p style="text-align: right;">24 MAY 20 P2:28</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 ordered on 3/17/24 for "Calcium 600 mg Vit D3 10 mcg Take 1 tablet by mouth twice daily with food"; however, on the April 2024 medication administration record (MAR) was written as "Calcium 600 mg Vit D3 5mcg". The physician order and MAR does not match.</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 do corrected the ^{of} dosage on the current MAR and sent to the department please see attached.</i></p>	<p style="text-align: center;">5/16/24</p> <p style="text-align: center;">24 MAY 20 P2:28</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 ordered on 3/17/24 for "Calcium 600 mg Vit D3 10 mcg Take 1 tablet by mouth twice daily with food"; however, on the April 2024 medication administration record (MAR) was written as "Calcium 600 mg Vit D3 5mcg". The physician order and MAR does not match.</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'll make sure to double check doctors ordered dosage. And I will create a checklist to make sure doctor order matches the medication in the MAR. I will use the checklist when I do my monthly audit.</i></p>	<p style="text-align: right;">5/16/24</p> <p style="text-align: right;">24 MAY 20 P 2:28</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- No documentation in the progress notes from April 2023 to March 2024 of the resident's response to administered PRN medications.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>24 MAY 20 P 2:28</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- No documentation in the progress notes from April 2023 to March 2024 of the resident's response to administered PRN medications.</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 to prevent this deficiency deficiencies won't from happening again. I created a checklist to put effective or ineffective prn medication - responds I have to put this checklist in resident binder. And I will use this checklist when I do my monthly audit.</i></p>	<p style="text-align: right;">5/16/24</p> <p style="text-align: right;">24 MAY 20 P 2:28</p>

Licensee's/Administrator's Signature: Gloria A. Prieto

Print Name: GLORIA A. PRIETO

Date: 5/16/24

24 MAY 20 P 2:29

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