

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Calucag ARCH-I</b>	<b>CHAPTER 100.1</b>
<b>Address: 99-042 Ieie Place, Aiea, Hawaii 96701</b>	<b>Inspection Date: July 16, 2024 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 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>§11-100.1-15 <u>Medications</u>. (e)  All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b>  Resident #1 – Physician’s order dated 2/5/24 states, “Levothyroxine 25mcg 1 tab p.o. QD (ac breakfast)”; however, medication not administered as ordered between 4/9/24-4/30/24, per medication administration record (MAR)</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">24 AUG 12 P 1:57</p>

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☒	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 – Physician’s order dated 8/1/23, 12/28/23, 2/5/24, states, “Furosemide 20mg 1 tab P.O. QD hold for SBP &lt;120 mmHg”; however, medication withheld despite being above hold parameter range on the following dates:</p> <ul style="list-style-type: none"> <li>• 11/12/23 – BP 122/62</li> <li>• 11/3/23 – BP 122/59</li> <li>• 12/25/23 – BP 125/64</li> <li>• 1/7/24 – BP 121/56</li> <li>• 1/26/24 – BP 122/62</li> <li>• 2/8/24 – BP 122/68</li> </ul>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>74 AUG 12 01 57</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> (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><b><u>FINDINGS</u></b> Resident #1 – Resident's response to medications unavailable on the 10/2023 and 1/2024 monthly progress notes</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>	<p>24 AUG 12 P 1:57</p>

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Licensee's/Administrator's Signature: Josephine Calucag

Print Name: JOSEPHINE CALUCAG

Date: 08/08/2024

24 AUG 12 P1:57

STATION