

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lita Soria (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-346 Hene Street, Waipahu, Hawaii 96797	Inspection Date: October 4, 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).

24 OCT 18 PM 5:53

	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><u>FINDINGS</u> Resident #1 – Physician order dated 6/11/24 and medication label indicate, "Levothyroxine 75 mcg take 1 tab daily before breakfast." However, current (October) medication administration record (MAR) indicates, "Levothyroxine <u>100 mcg</u> take 1 tab daily before breakfast." Please submit proof of correction with your plan of correction (POC).</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>I rewrote the MAR for October indicating "Levothyroxine 75 mcg take 1 tab po daily before breakfast" I corrected the past dates from the beginning of the month and initialed all medications given according to the Doctor's order and accuracy medication bottle. Pls. see attached corrected October MAR.</p>	<p style="text-align: right;">10/5/24</p> <p style="text-align: right;">24 OCT 18 PM 4:3</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §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><u>FINDINGS</u> Resident #1 – Physician order dated 6/11/24 and medication label indicate, "Levothyroxine 75 mcg take 1 tab daily before breakfast." However, current (October) medication administration record (MAR) indicates, "Levothyroxine 100 mcg take 1 tab daily before breakfast."</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>In the future I will look at the doctor's current order, compare it to the medication bottle and write on the label as ordered by the doctor. I will make sure that all three things match. (Order, medication bottle and MAR)</p>	<p style="text-align: right;">10/05/24</p> <p style="text-align: right;">24 OCT 14 PM 53</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><u>FINDINGS</u> Resident #1 - Care plan did not address Hypothyroidism diagnosis and resident is currently on Levothyroxine 75 mcg. <i>Please submit a revised care plan with your POC.</i></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><i>I contacted the (CM) Case management Agency Comprehensive Health Care and notified my Case manager of the deficiency. The case manager revised the care plan by adding the Hypothyroid diagnosis and treatment. The revised care plan was placed in the resident's chart.</i></p> <p><i>Pls. see attached revised care plan for Hypothyroidism.</i></p>	<p style="text-align: right;"><i>10/10/24</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p>FINDINGS Resident #1 – Care plan did not address Hypothyroidism diagnosis and resident is currently on Levothyroxine 75 mcg.</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 will review the case manager's care plan for each resident within 48 hours of the resident's admission and make sure all diagnosis and medication/treatment are included. If it is missing I will notify the case manager to make the corrections so the care plan is complete and on the resident's record within 7 days of admission</i></p>	<p style="text-align: right;"><i>10/10/24</i></p> <p style="text-align: right;">24 OCT 18 PM 2:54</p> <p style="text-align: right;">STATE OF OHIO DEPARTMENT OF HEALTH STATE EXAMINERS</p>

Licensee's/Administrator's Signature: Angelita A. Sobera

Print Name: ANGELITA A. SOBERA

Date: 10/10/24

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