Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rosana Dumlao (ARCH/E-ARCH)	**CHAPTER 100.1**
Address: **94-871 Awanei Street, Waipahu, Hawaii 96797**	**Inspection Date: February 10, 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
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application: Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law; **FINDINGS** Primary Caregiver, Substitute Caregiver (SCG) #1, and SCG #2 - No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law. Please provide a copy of your Fieldprint results as evidence of completion.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Fingerprint was rescheduled 2-23-23 for PC + SCG #1 2-24-23 for SCG #2 Fingerprint results will be mailed to me within two weeks after appointment I will sent a copy to OHCA as soon as I receive results	2/23/23

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	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 – March Medication Administration Record (MAR) states Lithium 600mg at bedtime" was discontinued and "Lithium 450mg at bedtime" was started on 3/23/22. No documented evidence of a physician order for aforementioned medication changes until 4/19/22. Per PCG, office visit summary that contains physician order is with Case Manager.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Resident #1 I texted Resident #1 CM and reminded him to please give me a copy for 3-23-22 Dr.s note session Dr.s note order was obtained for Resident s #1 CM 2-14-23	2-14-23

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☒	§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 order of "Ibuprofen 600mg. 1 tab TID PRN for pain with food" observed on June MAR and signed as given once daily from 6/25-6/30, July MAR as given once daily for the entire month, and August MAR as given once daily for the entire month. No documented evidence of a physician order for aforementioned medication until 8/29/22.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – Monthly progress notes does not address resident's response to medication: • There was a decrease in dosage of Resident's Lithium Carb from 600mg to 450mg. No documentation of response to medications or notes of changes in resident's behavioral patterns. • December 6, 2023 MAR noted a new addition of Trazodone 50mg daily at bedtime to resident's regimen, however no documentation of response to medication on monthly progress notes. • In January 10, 2023, there was an addition of Paliperidone ER 6mg daily on medication regimen, however no documentation of response to medication on monthly progress notes.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	'23 FEB 28 A11:40

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. **FINDINGS** Observed white correction fluid on January 2023 MAR on top of page where Month and Year of MAR is located and again over Levothyroxine dosage.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	'23 FEB 28 A11:40

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Licensee's/Administrator's Signature: Rosana Dumlao

Print Name: Rosana Dumlao

Date: 2/27/23

fieldprint

Rosana Dumlao:

You have received a green light determination.

This page will be available for 90 days from the Fitness Determination date. Please print a copy of this page for your records.

This result means that you have cleared the criminal history record and/or registry check and can move forward to the next step. If you are applying for a job (paid or volunteer) or work for a provider agency, contact them about next steps.

Fitness Determination

Fitness Determination Date: 2/28/2023

Requesting Individual or Agency: Rosana Dumlao Care Home

Screening Performed: APS, CAN, Fingerprints

Names Checked: Rosana Bumanglag Dumlao, Rosana Dumlao

Licensee's/Administrator's Signature: Rosana Dumlao

Print Name: ROSANA DUMLAO

Date: 4-24-23