Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Monegas Care Home and Expanded ARCH	**CHAPTER 100.1**
Address: **94-913 Kuhaulua Street, Waipahu, Hawaii 96797**	**Inspection Date: March 13, 2025 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
☒	§11-100.1-17 Records and reports. (b)(5) During residence, records shall include: Entries detailing all medications administered or made available; **FINDINGS** Resident #1 – "Furosemide 20mg tab. 1 tab PO in the morning as needed (PRN) for leg swelling" was observed to be given to resident daily from June 2024 to March 2025 per the Medication Administration Record (MAR). However, documentation on the response to PRN medication was not consistently documented in the monthly progress notes.	PART 1 **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	3/13/25

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain. **FINDINGS** Resident #1 – "Furosemide 20mg tab. 1 tab PO in the morning as needed for leg swelling" was observed given daily from June 2024 to March 13, 2025. However, there were no documentation that persistent leg for the past ten (10) months.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** MD called them telephone and discussed leg swelling, medications given since June 2024 up to the present March 2025. Medications ordered to give everyday and elevate the leg to reduced the leg swelling, F/U appointment 4/3/2025.	3-21-25

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date

Licensee's/Administrator's Signature: Brenda M. Monegas

Print Name: Brenda M. Monegas

Date: 3/21/25