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 20, 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 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
☒	§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 – "Diphenhydramine 25 mg – 1 cap orally every 4 hours as need for allergies," on medication administration records (MARs); however, no documented evidence of order from physician.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Dr. E. P. VA physician discontinued diphenhydramine 25 mg.	04/04/2025

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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 – "Diphenhydramine 25 mg – 1 cap orally every 4 hours as need for allergies," on medication administration records (MARs); however, no documented evidence of order from physician.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** From now on, I will do a medication reconciliation at the end of each month. I will review all medication orders, medication bottles/labels, and medication administration records to ensure everything is current, accurate and available. By doing this I will ensure each ordered medication is available, and if there's a medication available that has no order, I will call the physician for clarification immediately. I will put a reminder on my wall calendar for the end of each month to remind me to get it done.	05/27/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Ibuprofen not on reevaluated medication orders from 10/1/2024. Per primary care giver (PCG), medication was discontinued; however, no order to discontinue available.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Ibuprofen was reevaluated and VA dr to continue ibuprofen and dr sign it.	04/04/2025

	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** Ibuprofen not on reevaluated medication orders from 10/1/2024. Per primary care giver (PCG), medication was discontinued; however, no order to discontinue available.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** From now on, I will do a medication reconciliation at the end of each month. I will review all medication orders, medication bottles/labels, and medication administration records to ensure everything is current accurate and available. By doing this, i will ensure each ordered medication is available, and if there's a medication available that has no order, I will call the physician for clarification immediately. i will put a reminder on my wall calendar for the end of each month to remind me to get it done.	05/27/2025

	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 – Carbamide Peroxide 6.5% otic solution available with resident's medications; however, ear drops are not included on medication orders.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** carbamide peroxide 6.5% was discontinued last 04/04/2025.	04/04/2025

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 – Medications reevaluated every four months, but not physically or electronically signed by a physician or APRN.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** electronically sign medication orders : i asked windward VA clinical nurse why is the dr's note does not say electronically signed by the doctor ? i was told that the after visit summary form is what the patient gets cause all the medications and appointment that was written on that form were all discussed with the patient but if you need one that is electronically sign by the doctor the doctor has to print another paper for you.	03/03/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Primary Care Giver (PCG) observed initialing multiple dates and times on February MARs for multiple residents.	**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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Licensee's/Administrator's Signature: rosanabdumlao

Print Name: rosanabdumlao

Date: Mar 10, 2025

Licensee's/Administrator's Signature: rosanabdumlao

Print Name: rosanabdumlao

Date: May 15, 2025

Licensee's/Administrator's Signature: Rosana Dumlao

Print Name: Rosana Dumlao

Date: May 27, 2025