

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mona Liza	CHAPTER 100.1
Address: 94-455 Kahualena Street, Waipahu, Hawaii 96797	Inspection Date: May 13, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS</p> <div style="background-color: black; height: 20px; width: 100%;"></div>	See the attached Plan of Correction and Completion Date.	RECEIVED 15 JUN 25 P 1:37 STATE OF HAWAII OFFICE OF HEALTH CARE ASSURANCE
<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>		

No documentation that the PCG provided SCG #1,#2,#3, training to make prescribed medication available.

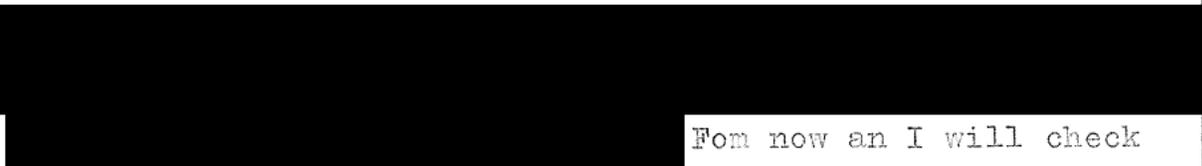
I conducted my training for [REDACTED] [REDACTED] how to take a vital sign, bath, follow menus, giving medicine right dose, right time, right route, right patient, right drug, documentation and other require responsibility of an SCG. From now an I will make note that if ever I have a new SCG I will train immediately and keep the records on file.

May 26, 201



from now an when if ever my resident will go to [REDACTED] Doctor I will ask the doctor if [REDACTED] medicine to be continue or discontinue and I will ask the doctor to write an order everytime we go every 3 months and write in the medication record and if discontinue I will put the date and time that was discontinued.

May 28, 2015



Fom now an I will check everytime if medicine is discontinne I will remove it and disposed it immediately.

May 20 2015

- Plan of Correction -

Completion
Date

[REDACTED]

May 20, 2015

From now on I check with the doctor about [REDACTED] to write order and I write it on the medication record the time, date, was applied on the Resident #1.

[REDACTED]

I removed all my pens that is not black in color and put all black pen so that substitute and myself to write only black pen on my reports and records. From now on I will make a visible reminder to write only black pen.

May 16, 2015

[REDACTED]

From now on everytime I make a mistake on my medication record I will cross out the error words and write the correction and initial it. I will make note reminder of me and substitute not to use white out anymore.

May 16, 2015

[REDACTED]

May 20, 2015

From now on, Whenever I admit new resident, I will go through my admission checklist for care home which a financial statement is one of them to be signed.

	<p>FINDINGS</p> <p>[REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS</p> <p>[REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (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.</p> <p>FINDINGS</p> <p>[REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p>FINDINGS</p> <p>[REDACTED]</p>		

	<p>[REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS [REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS [REDACTED]</p>		

Licensee/Administrator's Signature: Presentacion R. Valentin
Print Name: PRESENTACION R. Valentin
Date: JUNE 22, 2015