

Office of Health Care Assurance

State Licensing Section

16 MAR -7 12:02

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
H.H.S.M.A. LICENSE

Facility's Name: Daquip Care Home	CHAPTER 100.1
Address: 87-132 Palani Street, Waianae, Hawaii 96792	Inspection Date: September 16, 2015 Annual

	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>FINDINGS</p> <p>1) [REDACTED]</p> <p>2) [REDACTED]</p> <p>3) [REDACTED]</p>	<p>11-100.1-15(c) #2</p> <p>I clarify to the doctor obtained the telephone order. mar is already reflecting the current medication.</p> <p>Future Plan: When ever medication changes I will change the mar as soon as I received the order. If the order is unclear I will contact the physician for clarification, tel order and have physician countersign the order @ the next doctor visit.</p>	<p>3/14/16</p> <p>ES Daquip</p> <p>3/4/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]	11-100.1-15 (e) #3 I clarify the order of the doctor and the correct order is Risperidon 1mg qhs and .5 mg Bid PRN	
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p>FINDINGS December 2014 and January-April 2015 fire drill records listed residents that were discharged in 2013 and 2011 as participants.</p>	<p>Future Plan: In the future I will check the bottle of the medicine if the name of the doctors orders. If the label doesn't match to the physician order then I will ask the pharmacist to call the physician to clarify the order.</p> <p>3/4/16 Eunice S. Sagnip</p> <p>§11-100.1-23 Physical environment (g)(3)(D) I will stop the prewriting the fire drill documentation. I will perform the fire drill on the last day of the month on the quarter.</p>	

Licensee/Administrator's Signature: _____

Print Name: Eunice S. Sagnip

Date: 3/4/16

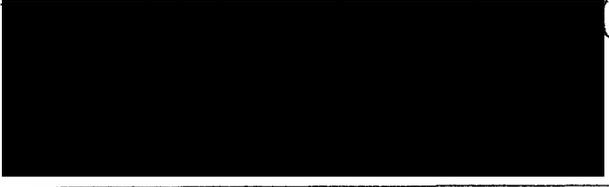
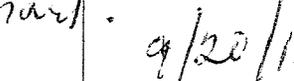
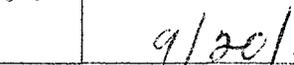
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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS</p> <p>1) [REDACTED]</p> <p>2) [REDACTED]</p> <p>3) [REDACTED]</p>	<p>① It is my responsibility as a care giver that there is a prescription order by the physician. I'll make it is sure that there is order for all of his meds by the physician before I admit a resident.</p> <p>② Zyprexa 20 mg, 1 tab @ Hs P.O. BID.</p> <p>When I pick up the resident the order for the Zyprexa was there already when I pick him up. Oliparus Physician APRN Record was included. It was signed by the doctor.</p>	<p>Los Daquip 9/20/15</p> <p>9/20/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	11-100.1-15 Medication (e) 	3) Risperidon 1mg Tablet. Take 1 tablet by mouth everyday @ HS. (may take 1/2 tab AM tablet BID). I'm aware that I can give 1/2 tab @ AM 1/2 tab PM. 	
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request:</p> <p>FINDINGS December 2014 and January-April 2015 fire drill records listed residents that were discharged in 2013 and 2011 as participants.</p>	<p>Shivolski told me in verbal but I explained with her that I will give only @ HS 1 tab. bec. daytime he is so sleepy, the whole day. In the future I'll make it sure that it should be well documented on my chart.</p> <p></p> <hr/> <p>I'm sorry I over look the forms. It is my responsibility to have the form available at all times. I'll make it ^{sure} that is well documented.</p> <p></p>	<p>9/20/15</p> <p>9/20/15</p>

Licensee/Administrator's Signature: 

Print Name: Eurice S. Dagnize

Date: 9/20/15