

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tablit, Elpidio (ARCH)	CHAPTER 100.1
Address: 94-544 Hiahia Loop, Waipahu, Hawaii 96797	Inspection Date: March 7, 2017 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.**

17 MAR 2017 10:15

	Rules (Criteria)	Plan of Correction	Completion Date
<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><b><u>FINDINGS</u></b>  Resident #1 physician order dated 11/17/16 reads, "Acetaminophen 500 MG Capsule as directed every 4 hours as needed for pain." Medication not listed on the medication administration record. Caregiver stated resident not using the medication.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PRN medication (Tylenol) has been added to the patients medication records.</p>	<p style="text-align: center;">March 7, 2017</p> <p style="text-align: center;">11/17 10:15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<b>RULE #11-100.1-15(m)</b>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, I will add all medication(s) to the medication administration record immediately following each physician visit.</p> <p>I will also train one of my substitutes to double check for accuracy on each of our patient's medication administration records, following each physician visit and on the 1st day of each month when new medication administration records are made.</p>	<p style="text-align: center;">March 7, 2017</p>

11-100.1-15(m)

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e)            In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b><u>FINDINGS</u></b>            Resident #1 emergency data sheet has wrong medication listed. List contains discontinued medication, is missing newly ordered medication and has no doses listed for any of the medications.</p>	<p>New Emergency Data Sheets have been made listing all current medication(s), dosages &amp; frequencies.</p>	<p>March 8, 2017</p> <p style="text-align: right;">MO:15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE #11-100.1-17(e)	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, in addition to updating the medication administration records immediately following each physician visit, the Emergency Data Sheets will also be updated after doctor visit to include all current &amp; new medications.</p> <p>My substitute will also be trained to double check the Emergency Data Sheets for accuracy.</p>	<p style="text-align: center;">March 8, 2017</p> <p style="text-align: center;">10:15</p>

Licensee's/Administrator's Signature: Episio Tabet Sr.

Print Name: ELpidio TABLET Sr.

Date: 3-27-17

DATE RECEIVED

10:15