

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Moonlight Vista ARCH	CHAPTER 100.1
Address: 98-1282 Hoohuali Place, Pearl City, Hawaii 96782	Inspection Date: February 10, 2017 – Annual Inspection

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

OFFICE OF
STATE LICENSING

17 MAY -8 P 1:00

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Rules (Criteria)	Plan of Correction	Completion Date
<p><input checked="" type="checkbox"/> §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 Resident #1 medications expired: <i>800 IU</i></p> <ol style="list-style-type: none"> 1. Calcium 600 mg with Vitamin D3 8000 IU expired 11/2016 2. Acetaminophen 325 mg, expired 11/2016 3. Docusate Sodium 50 mg & Senna 8.6 mg, expired 9/2016 	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>THE FOLLOWING EXPIRED MEDICATIONS FOR RESIDENT #1 WERE PROPERLY DISPOSED ON 02/10/17, THE SAME DAY AS OUR DOH ON-SITE VISIT. IN ADDITION, THEY WERE UPDATED ON 02/10/17 AND MADE AVAILABLE AS FOLLOWS:</i></p> <ol style="list-style-type: none"> 1. CALCIUM 600 MG WITH VITAMIN D3 800 IU - EXPIRATION 12/2018 2. ACETAMINOPHEN 325 MG - EXPIRATION 05/2020 3. SENNA-DOCUSA 8.6-50 MG - DISCONTINUED VIA PHONE ORDER BY APRN ON 02/10/17 AND WILL SIGN OFF PHYSICIAN ORDER (PO) FORM DURING HOME VISIT ON 03/16/17. DOCUMENTED PHONE ORDER BY APRN ON RESIDENT #1'S PROGRESS NOTES. ADDED A REMINDER NOTE ON MY DESK CALENDAR AND INSIDE RESIDENT #1'S CHART IN PO SECTION AND REMINDER CHECKLIST. HAD APRN SIGN OFF PHYSICIAN ORDER FORM WITH MEDICATION CHANGES DURING APRN'S HOME VISIT WITH RESIDENT #1 ON 03/16/17. 	<p><i>05/03/17</i></p> <p style="text-align: right;">17 MAY -8 P 1:00</p> <p style="text-align: right; font-weight: bold;">RECEIVED</p>

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Licensee's/Administrator's Signature: *[Handwritten Signature]*
Print Name: MARIBETH RODRIGUEZ / MARIA CETY RODRIGUEZ
Date: 05/03/17

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