

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|  |   |
|--|---|
| Facility's Name: <b>Bueno #2</b>                               | CHAPTER 100.1                                   |
| Address:<br><b>94-916 Kumuao Street, Waipahu, Hawaii 96797</b> | Inspection Date: <b>February 3, 2016 Annual</b> |

|                                     | Rules (Criteria)  | Plan of Correction   | Completion Date   |
|-------------------------------------|---|--|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (a)<br/>All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b>FINDINGS</b><br/>Resident #1 APRN order dated 10/15/15 reads, "Ipratropium 20 mcg/ Albuterol 10 mcg 2 inhalation Q6hrs PRN asthma." Pharmacy label reads, "Inhale 1 puff by mouth every 6 hours as needed for asthma." Order and label do not match. Resident has not used PRN medication. <b>Clarify order with APRN.</b></p> | <p>CE #1 discussed correct dosage of Resident #1's order for <u>Ipratropium 20mcg/Albuterol 10mcg</u> with Resident #1's APRN during routine office visit. APRN confirmed the order as "2 inhalations Q6hrs PRN asthma." APRN's office <sup>will</sup> send new order to pharmacy.</p> <p>In the future CE #1 will compare side by side current MD/APRN orders w/ incoming medications to make sure MD/APRN orders and</p> | <p>03/10/2016</p> <p>STATE OF HAWAII<br/>OFFICE OF HEALTH CARE ASSURANCE<br/>76 APR 25 2016</p> |

pharmacy instruction labels match.  
CE #2 or CE #3 will ~~verify~~ <sup>check</sup> also check for correctness.

|   | Rules (Criteria)   | Plan of Correction  | Completion Date                                  |
|---|--|---|--|
| ☒ | <p>§11-100.1-17 <u>Records and reports.</u> (e)<br/>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>FINDINGS</b><br/>Resident #1 emergency data sheet not correct, medication doses wrong and missing newly ordered medication.</p> | <p>Resident #1's Emergency Data Sheet was updated to reflect most current medication and treatment orders. Old data sheet was shredded and new data sheet was inserted in Resident #1's folder.</p> | <p>CG #1<br/>02/03/16<br/>CG #1<br/>02/03/16</p> |

In the future CG #1 will update all Resident's Emergency Form upon any change, deletion, or new orders of medication or treatment, from MD/APRN.  
CG #2 and/or CG #3 will verify with CG #1 of such changes and will make the changes if CG #1 is unable due to time constraint.

Licensee's/Administrator's Signature: Felicitas B. Caballero

Print Name: Felicitas B. Caballero

Date: 04/22/16

STATE OF MARYLAND  
 HEALTHCARE PROFESSIONALS BOARD  
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