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Office of Health Care Assurance

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State Licensing Section

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<b>Facility's Name:</b> Fernando Care Home	<b>CHAPTER 100.1</b>
<b>Address:</b> 94-1351 Waipahu Street, Waipahu, Hawaii 96797	<b>Inspection Date:</b> October 11, 2016 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.**

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (a)  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><u>FINDINGS</u>  Bedroom #2, resident prescription mouthwash on dresser.</p>	<p style="text-align: center;"><b>PART 1</b>  <u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>At the time my nurse consultant saw the prescribed mouth wash for [REDACTED] [REDACTED]. I took and place the bottle right away at the secured lock medications cabinet with the rest of the medications</i></p>	<p style="text-align: right;"><i>Perkins Fernando</i>  10/28/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p><b>RULE # §11-100.1-15 (a)</b></p> <p><b>FINDINGS</b> Bedroom #2, resident prescription mouthwash on dresser.</p>	<p align="center"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p 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><i>On the day of my yearly evaluation, prescribed mouth wash found on top of dresser in Room #2, resident's quarters. I took the prescribed mouth wash place it in secured lock cabinet with rest of medications. This incident I will implement, include to my documentation review in the future. Make a note and place it in my file, as a reminder that it will not happen again.</i></p>	<p align="right"><i>Perletha J. Jernard</i></p> <p align="right"><i>11/14/2016</i></p>

Licensee's/Administrator's Signature: Perlita Fernando

Print Name: Perlita Fernando

Date: 10/28/2016

Licensee's/Administrator's Signature: Perlita Fernando

Print Name: Perlita Fernando

Date: 11/14/2016