

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Indel's	CHAPTER 100.1
Address: 58-109 Kaunala Street, Haleiwa, Hawaii 96712	Inspection Date: November 4, 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>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 emergency medication sheet missing physician ordered changes in dosing to the following medications.</p> <ol style="list-style-type: none"> <li>1) Clozapine 50mg, one (1) tab by mouth in the morning and two (2) tabs before bed.</li> <li>2) Lisinopril 5mg, held and discontinued June 22, 2016.</li> <li>3) Metformin 500mg, one (1) tab by mouth daily.</li> </ol>	<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><i>I changed the Emergency medication sheet &amp; write the right dosage of the following medications.</i></p> <p><i>① Clozapine 50mg 1 tab by mouth in the morning and 2 tabs before bed.</i></p> <p><i>② Lisinopril 5mg D/C</i></p> <p><i>③ Metformin 500mg 1 tab by mouth daily.</i></p>	<p style="text-align: center;">11-4-16</p>



RULE # §11-100.1-17(f)(4)

**PART 2**

**FUTURE PLAN**

**USE THIS SPACE TO EXPLAIN YOUR  
FUTURE PLAN: WHAT WILL YOU DO TO  
ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

*I have a desk calendar  
that each time I will bring  
my records to the doctor for  
check-up; I will make sure  
that, any changes in their  
medications or dosage or  
anything else; I will check  
the record and change the  
Emergency medication sheet.*

Licensee's/Administrator's Signature: Indelicia A. Brillante

Print Name: INDELICIA A. BRILLANTE

Date: 11-28-16