Office of Health Care Assurance

**State Licensing Section**

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | |
|---|---|
| **Facility's Name:**<br><br>**Reyes Care Home** | **CHAPTER 100.1** |
| **Address:**<br><br>**94-931-A Lumihoahu Street, Waipahu, Hawaii 96797** | **Inspection Date: October 5, 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 |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.<br><br>**FINDINGS**<br>SCG#1 no annual tuberculosis screening. | **PART 1**<br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Corrected by obtaining SCG#1 annual TB screening. | 11-14-16 |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|---|---|---|---|
| ☒ | **RULE #** §11-100.1-9 (b) | **PART 2**<br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>Will add "TB clearance review" to a semi-annual check list and then note via post-it on any care-giver or SCG that require a TB screen. | 11-14-16 |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (m)<br>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.<br><br>**FINDINGS**<br>Resident #1 medication administration record (MAR) missing initials from May 25, 2016 through May 31, 2016 for the following physician prescribed medications.<br>1) Amlodipine 10mg<br>2) Losartan 25mg<br>3) Olanzapine 10mg<br>4) Azelastine 0.1% | **PART 1**<br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Corrected by initialing the missed MAR from May 25 – May 31, 2016 | Oct 15-2016 |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|---|---|---|---|
| ☒ | RULE # §11-100.1-15 (m) | **PART 2**<br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>Prior to recording daily MAR a check will be done on the previous day MAR to ensure it was done properly. SCG training will emphasize to re-check the previous day MAR to avoid this deficiency. | Oct 15, 2016 |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-17 Records and reports. (f)(4)<br>General rules regarding records:<br><br>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.<br><br>**FINDINGS**<br>Resident #1 emergency medication sheet missing the following physician prescribed medications.<br>1) Docusate Sodium 100mg<br>2) Singulair 10mg<br>3) Albuterol HFA<br>4) Meclizine 25mg | **PART 1**<br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Added the missing medication to the emergency medication sheet. | Oct 5, 2016 |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|---|---|---|---|
| ☒ | RULE # §11-100.1-17 (f)(4) | **PART 2**<br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>Will add to checklist + DR visit when accepting a new client or upon readmission to make sure all medication is added to the Emergency medication sheet. | Oct 5, 2016 |

Licensee's/Administrator's Signature: Corazon Reyes

Print Name: CORAZON REYES

Date: 11-14-2016