

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b>  Pascual, Soledad	<b>CHAPTER 100.1</b>
<b>Address:</b>  91-711 Fort Weaver Road, Ewa Beach, Hawaii 96706	<b>Inspection Date:</b>  December 13, 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.**

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Department of Health

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§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><b><u>FINDINGS</u></b> Resident #1 physician prescribed medication, Calcium Carbonate 600mg not available. Signed off as being administered morning of December 13, 2016.</p>	<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;">Yes</p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>For 11-100.1-15(e):</p> <p>For resident #1 - Calcium carbonate 600mg PO BID ordered. Previously, I foresaw that this dietary supplement needed to be refilled. Unfortunately, the pharmacy was not able to deliver the medication to our care home until later in the day on December 13, 2016, after my inspector conducted the inspection on that same day.</p> <p>Please note, the calcium carbonate 600mg was administered as ordered and as documented on the morning of 12-13-16, the day of my inspection. The medication was delivered later that day and I was able to administer the evening dose to the resident as ordered. Therefore, there were no missed doses.</p>	<p>12-13-16</p> <p style="text-align: right;">16 DEC 29 AM 11:51</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (e)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-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>In the future, to prevent a similar deficiency from recurring, I will use the medication administration record to estimate when the medication will run out. Then I will use a calendar to record when to notify the pharmacy that a refill is due, preferably a week prior to the medication running out, to give us leeway. Finally, I will train my substitutes to <sup>do</sup> the same.</p>	Dec. 13, 2016.

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	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 sheet in resident binder missing medication list. Sheet on refrigerator missing the following physician prescribed medications.</p> <ol style="list-style-type: none"> <li>1) Ativan 1mg</li> <li>2) Diazepam 2mg</li> <li>3) Simvastatin 20mg</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;"><i>Yes</i></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>For 11-100.1-17(f)(4): For resident #1 - we have updated all of our Resident Emergency information Sheets including updating and completing the medication sections. we crossed checked the information with the residents' records and most recent orders to ensure accuracy. we have <del>filled</del> <sup>and</sup> filed the new sheets in the resident records and also have copies that are easily accessible in case of an emergency -</i></p>	<p><i>12-13-16</i></p> <p style="text-align: right;"><i>16 DEC 29 AM 1:51</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # 11-100.1-17 (f)(4)	<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>In the future, to prevent a similar deficiency from recurring, I will update the medication portion of the resident emergency information sheet each time there is a new discontinued medication or a change in a medication order. Furthermore, as an added measure, I will note on my calendar at the beginning of each month to cross check the sheet with the residents' records and most recent orders to ensure accuracy. I will train my substitutes to do the same.</p>	<p align="center">12-13-16</p> <p align="right">DEC 29 AM 1:51</p>

Licensee's/Administrator's Signature: Soledad Paul, CEO  
Print Name: Soledad A. Pasquel  
Date: 12-21-16

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