

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Valdez Care Home	<b>CHAPTER 100.1</b>
<b>Address:</b> 94-1031 Lumiauau Street, Waipahu, Hawaii 96797	<b>Inspection Date:</b> October 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"/> §11-100.1-15 <u>Medications.</u> (m) 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.  <u>FINDINGS</u> Resident #1 medication administration record (MAR) missing administration initials of the following medications on the morning of October 4, 2016. 1) Haloperidol 2mg/ml (missing morning of October 4, 2016 and evening of September 30, 2016.) 2) Aspirin 325mg 3) Multivitamin 4) Calcium 600 + Vitamin D400	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b> <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>Deficiency corrected by caregiver recalling administering the following medication and validating with Resident #1 receiving the following medications:</i></p> <p><i>September 30, 2016 evening:</i></p> <ul style="list-style-type: none"> <li><i>① Haloperidol 2mg/ml.</i></li> </ul> <p><i>October 4, 2016 morning:</i></p> <ul style="list-style-type: none"> <li><i>① Haloperidol 2mg/ml.</i></li> <li><i>② aspirin 325mg QD.</i></li> <li><i>③ multivitamin.</i></li> <li><i>④ Calcium 600 + Vit D400</i></li> </ul> <p><i>PCG initialing each med for administering after validation.</i></p>	<p style="text-align: center;"><b>Completion Date</b></p> <p style="text-align: center;"><i>10/4/16</i></p> <p style="text-align: center;"><i>10/4/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-15 (m)	<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, will follow and established protocol for administering medication.</p> <p>① open the MAR when administering medication</p> <p>② Validate medication with MAR - correct resident, right meds, right dose, right route and right time.</p> <p>③ Initial each med upon giving medication to resident.</p>	10/4/16

Licensee's/Administrator's Signature: Minda R. Valdez

Print Name: MINDA R. VALDES

Date: 10/19/2016