

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Vargas Care Home	CHAPTER 100.1
Address: 94-296 Kahuahale Street, Waipahu, Hawaii 96797	Inspection Date: November 16, 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>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 medications contain Triamcinolone Cream 0.1% that was discontinued on May 17, 2016.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I corrected this deficiency by taking out the Triamcinolone cream 0.1% from the medication container.</i></p>	<p style="text-align: center;"><i>11/16/2016</i></p>



RULE #11-100.1-15(e)

PART 2

FUTURE PLAN

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

my future plan of
correcting these deficiency,
is to instruct my substitute
to double check the
medicine container
to make sure all the
medicine inside is all
prescribed by the doctor
and also check the
medication record to
make ^{sure} it matches.

<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Resident #1 Medication Administration Record (MAR) no administration initials on June 30, 2016 for Senokot 8.6mg or Levothyroxine 88mcg.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>yes these deficiency was corrected already 11/16/16.</i></p> <p><i>I corrected these deficiency by putting my initial June 30, 2016 For SENOKOT 8.6mg. and also put my initial June 30, 2016 Levothyroxine 88 mcg on my medication administration record.</i></p>	
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RULE #11-100.1-15(m)

PART 2

FUTURE PLAN

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

my future plan, to
make the deficiency dont
happen again is to give
instruction to my substitute
to double check the
medication record and with initials
also put on the calendar
as a reminder.

Licensee's/Administrator's Signature: Levy Vargas
Print Name: LEVY VARGAS
Date: 12/3/16