

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Heart to Heart Care Home	CHAPTER 100.1
Address: 94-384 Ana Lane, Waipahu, Hawaii 96797	Inspection Date: January 19, 2016 Annual

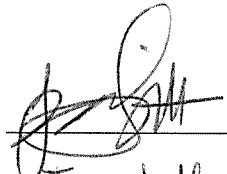
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – No physician order for “Wally’s ear oil” administered since admission on 9/8/15.</p>	<p>Primary care giver will ensure that all medications, & supplements have correct physician orders. All resident medications will be checked for a current physician's order and a label that matches the order. If it does not exist PCG will call MD and receive a phone order that will be recorded on an order sheet. The order sheet will be signed by the MD. at the next MD. visit. PCG will train and educate all substitute care givers to do the same.</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>. (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS Resident #1 – Incomplete admission medication orders</p>	<p>Primary caregiver will ensure that there are complete medication orders for all future admissions. PCG will implement a systematic checklist for admission records & orders to check for a current physician order for diet, medications, and treatment. All medications will also be checked to ensure that the label on the medication matches the physician order. When PCG records the medication on the medication record, she will also check that it matches the medication order and medication label. If there is no</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>(7/24/15) for the following medication: Simvastatin (no dosage and frequency specified), docusate sodium (no strength, dosage or frequency specified), multivitamin (no dosage and frequency specified), and losartan HCTZ (no dosage and frequency specified).</p> <p>Resident #1 – “Artificial tear drop” ordered on 7/24/15 did not have the dosage, frequency and eye(s) specified. The label reflected “as needed;” however, the medication record noted “daily.”</p>	<p>existing order, or if the label does not match the MD order, PCG will call the physician to obtain a phone order and record it on the MD order sheet. The order sheet will be signed by MD at the next office visit.</p> <p>PCG will train and educate all substitute caregivers to do the same.</p>	

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____


Tracy Lockhart

3/28/16