

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Corpuz (DDDH)</b>	<b>CHAPTER 89</b>
<b>Address: 99-226 Ohenana Place, Aiea, Hawaii 96701</b>	<b>Inspection Date: March 2, 2017 Annual</b>

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

17 JUN 26 AM 10

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b>FINDINGS</b> For Resident #1, the physical examination of September 15, 2016 noted the physician order for Benzoyl Peroxide 5% Gel as, apply BID to face and back; however, the 3-month medication update of that same date noted the frequency as daily. The September 2016 medication record reflected that the gel was applied daily and not BID.</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;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>11-89-14 RESIDENT HEALTH AND SAFETY STANDARDS - (e)(5) MEDICATIONS: RESIDENT #1 PHYSICAL EXAMINATION FORM ON SEPTEMBER 15, 2016 REGARDING THE BENZOYL PEROXIDE 5% GEL ORDER QD BID. CAREGIVER BROUGHT TO PMO'S ATTENTION ON THE 90-DAY UPDATE VISIT OF RESIDENT #1 ON MARCH 6, 2017. PMO MADE THE CORRECTIONS ON PHYSICAL EXAMINATION FORM ON THE BENZOYL PEROXIDE 5% GEL TO DAILY TO REFLECT THE MEDICATION RECORDS AND THE 90-DAY UPDATE FORM</p>	<p>MARCH 6, 2017</p> <p style="text-align: right; transform: rotate(-90deg);">01:17 PM '17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b><u>FINDINGS</u></b> For Resident #1, the physical examination of September 15, 2016 noted the physician order for Benzoyl Peroxide 5% Gel as, apply BID to face and back; however, the 3-month medication update of that same date noted the frequency as daily. The September 2016 medication record reflected that the gel was applied daily and not BID.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><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 style="text-align: center;">11-89-14 RESIDENT HEALTH AND SAFETY STANDARDS. (e)(5)</p> <p>MEDICATIONS:</p> <p style="text-align: center;">CAREGIVER WILL MAKE SURE TO REVIEW ALL PAPER WORKS/ FORMS GIVEN BY PMD BEFORE LEAVING DOCTORS OFFICE TO REFLECT MEDICATION RECORDS AND PHARMACY LABELS.</p>	<p>MARCH 6, 2017</p> <p style="text-align: right;">17 JUN 20 11:10</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b><u>FINDINGS</u></b> For Resident #1, the 3-month medication updates of March 16, 2016, June 16, 2016 and December 12, 2016, and the medication records noted Betamethasone Dipropionate Solution 0.05% PRN to scalp; however, the pharmacy label of January 11, 2017 note the frequency as, "as needed to scalp every day for rash."</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;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>11-89-14 RESIDENT HEALTH AND SAFETY STANDARDS. (e)(12)</p> <p>MEDICATIONS: RESIDENT #1 90-day update of MARCH 16, 2016, JUNE 16, 2016, SEPTEMBER 15, 2016 AND DECEMBER 12, 2016 REGARDING THE BETAMETHASONE DIPROPIONATE SOLUTION 0.05% FREQUENCY AS PRN WAS BROUGHT BY CAREGIVER TO PMD'S ATTENTION ON MARCH 6, 2017 DURING RESIDENT #1 3 MONTH VISITS. PMD CORRECTED THE FREQUENCY ORDER OF THE BETAMETHASONE DIPROPIONATE SOLUTION 0.05% TO PRN AT MOST ONCE DAILY TO REFLECT PHARMACY LABEL.</p>	<p>MARCH 6, 2017</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b><u>FINDINGS</u></b> For Resident #1, the 3-month medication updates of March 16, 2016, June 16, 2016 and December 12, 2016, and the medication records noted Betamethasone Dipropionate Solution 0.05% PRN to scalp; however, the pharmacy label of January 11, 2017 note the frequency as, "as needed to scalp every day for rash."</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><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>11-89-14 RESIDENT HEALTH AND SAFETY STANDARDS. (e)(12)</p> <p>MEDICATIONS:</p> <p>CAREGIVER WILL ALWAYS DOUBLE CHECK PHARMACY LABELS, 90-DAY UPDATES AND MEDICATION RECORDS IF THEY ALL MATCH.</p>	<p>MARCH 6, 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u> (d) Foods shall be stored in covered containers.</p> <p><b><u>FINDINGS</u></b> A container of peeled garlic cloves was found uncovered in the refrigerator.</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;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>11-89-19 NUTRITION (d) CAREGIVER COVERED THE GARLIC CONTAINER RIGHT AFTER INSPECTION.</p>	<p>MARCH 2, 2017</p> <p style="text-align: right;">17 JUN 20 AM 10</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u> (d) Foods shall be stored in covered containers.</p> <p><b><u>FINDINGS</u></b> A container of peeled garlic cloves was found uncovered in the refrigerator.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><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>11-18-19 (d) NUTRITION CAREGIVER AND OTHER HOUSEHOLD MEMBER WILL MAKE SURE THAT ALL FOODS ARE IN A COVERED CONTAINER COOK OR UNCOOKED.</p>	<p>MARCH 2, 2017</p> <p style="text-align: right; font-size: small;">06:17 07:17 11:10</p>

Licensee's/Administrator's Signature: Pacita G. Corpuz

Print Name: PACITA G. CORPUZ

Date: JUNE 21, 2017

NON-MEDICAL LICENSE

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