

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tadeo	CHAPTER 100.1
Address: 17-566 S. Ipuaiwaha Street, Keaau, Hawaii 96749	Inspection Date: February 1, 2017 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>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator thermometer read 22°F and 24°F at room temperature.</p>	<p style="text-align: center;">PART 1 <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>PURCHASED REFRIGERATOR THERMOMETER ON 2-2-17. REPLACED OLD THERMOMETER WITH THE NEW THERMOMETER.</p>	<p>2-2-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator thermometer read 22°F and 24°F at room temperature.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO ENSURE THAT THIS DOESN'T HAPPEN AGAIN IN THE FUTURE, I WILL CHECK REFRIGERATOR THERMOMETER MONTHLY TO ENSURE THAT ITS WORKING PROPERLY.</p>	<p>2-2-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1, telephone order dated June 27, 2016 read, "Tobramycin 0.3% eye drops instill 1 to 2 drops in infected eye 4 times daily" and was discontinued on July 6, 2016. However, July medication record was not initialed as administered July 3 – July 5, 2016.</p>	<p style="text-align: center;">PART 1 <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;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">2-2-17</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1, telephone order dated June 27, 2016 read, "Tobramycin 0.3% eye drops instill 1 to 2 drops in infected eye 4 times daily" and was discontinued on July 6, 2016. However, July medication record was not initialed as administered July 3 – July 5, 2016.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO ENSURE THAT THIS DOESN'T HAPPEN AGAIN IN THE FUTURE, I WILL INITIAL MEDICATION RECORD AS SOON AS MEDICATION HAS BEEN ADMINISTERED TO EACH RESIDENTS, I WILL ALSO DEVELOP HAVE CURRENT MEDICATION SHEET WITH THE MEDICATIONS. AT ALL TIMES DURING ADMINISTERING OF MEDICATIONS.</p>	<p>2-2-17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p>FINDINGS Resident #1, telephone order transcribed on January 29, 2016 — no physician signature.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO ENSURE THAT THIS DOESN'T HAPPEN AGAIN IN THE FUTURE, I WILL MAKE SURE ALL TELEPHONE AND VERBAL ORDERS FOR RESIDENT #1 AND ALL RESIDENTS OBTAIN PHYSICIANS SIGNATURE ON THEIR NEXT VISIT AND NOT LATER THAN FOUR MONTHS, I WILL ^{PLACE} PUT A NOTICE ^{POSTED} POST IT FLAG OF REMINDERS TO ENSURE IT GETS PROPERLY DOCUMENTED ON THE PHYSICIANS ORDER SHEET.</p>	<p>2-2-17</p>

Licensee's/Administrator's Signature:  _____

Print Name: RIANALYN T. HANDY

Date: 4-13-17