

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Magsanide's Care Home, L.L.C.	CHAPTER 100.1
Address: 1439 Middle Street, Honolulu, Hawaii 96819	Inspection Date: April 18, 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.**

RECEIVED

AUG 25 2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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><u>FINDINGS</u>  Resident #1, Physician telephone order for Bactrim DS not documented on physician order sheet.</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>I wrote the order as late entry on the Physician Record and faxed to Doctor's office. Received form with doctor's signature.</p>	<p style="text-align: right;">April 20, 2017</p> <p style="text-align: right;"><b>RECEIVED</b></p>

JUL 13 2017



§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.

**FINDINGS**

Resident #1, Physician telephone order for Bactrim DS not documented on physician order sheet.

**PART 2**

**FUTURE PLAN**

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

I would write the doctor's order in a sticky notes with the date, time, name of medicine, dose of medicine, frequency, duration and name of ordering doctor. Then I would attach this in my "To Do List" clipboard.

Licensee's/Administrator's Signature: Editha Magsanide  
Print Name: EDITHA MAGSANIDE  
Date: July 10, 2017

Licensee's/Administrator's Signature: Editha Magsanide  
Print Name: EDITHA MAGSANIDE  
Date: 8-22-17

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Initial: \_\_\_\_\_