

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oililua ElderCare, Inc. #1	CHAPTER 100.1
Address: 94-379 Oililua Place, Waipahu, Hawaii 96797	Inspection Date: Inspection Date: October 3, 2017

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>§11-100.1-10 <u>Admission policies.</u> (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.</p> <p><u>FINDINGS</u> Resident #1 no signed policy and procedure in record.</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>Misplaced policy and procedure was found and placed in the resident's file.</p>	10/6/2017

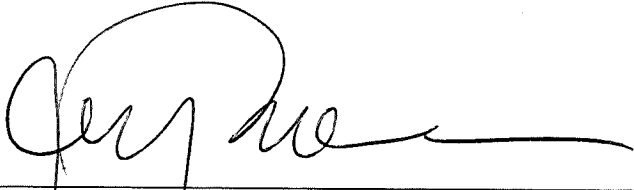
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☒	<p>§11-100.1-10 <u>Admission policies.</u> (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.</p> <p><u>FINDINGS</u> Resident #1 no signed policy and procedure in record.</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 prevent similar deficiency in the future, I will include into my monthly checklist that policy record is always in the resident's chart.</p>	<p>10/6/2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 physician order dated "Oct 2017" reads, "Atorvastatin 20 mg PO Q daily." Pharmacy label reads, "Atorvastatin 10 mg, Take 1 tablet by mouth every day." Orders and label do not match.</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>Both physician and pharmacy were notified for order clarification.</p>	<p>10/06/2017</p>

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	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 given only one (1)10 mg tablet of Atorvastatin per pharmacy label and primary care giver, physician order is for 20 mg per day. Medication not available as ordered by physician.</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>Physician was contacted as well as the pharmacy for correct dosage. Proper dosage was delivered right away.</p>	10/06/2017

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<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 given only one (1) 10 mg tablet of Atorvastatin per pharmacy label and primary care giver, physician order is for 20 mg per day. Medication not available as ordered by physician.</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 prevent similar deficiency in the future, I will have my substitute care giver double check with me all new medication changes that comes from the pharmacy for correct dosage that matches physician's order.</p>	<p style="text-align: right;">10/6/2017</p>

Licensee's/Administrator's Signature: 
Print Name: GERONIMO C. TENORIO
Date: 11/20/2017