

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Honesty</b>	<b>CHAPTER 100.1</b>
<b>Address: 775 Analio Street, Wailuku, Hawaii 96793</b>	<b>Inspection Date: October 27, 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.**

	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><b><u>FINDINGS</u></b> Resident #1 physician prescribed medication Propranolol 20mg was changed from one (1) tab am and one (1) tab pm prn to one (1) tab am and two (2) tabs pm prn on 6/22/17. The order was changed back to one (1) tab am and one (1) tab pm on 7/25/17. The changes were not reflected on medication administration record (MAR).</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>07-10/27/17 Day of inspections I made the corrections in the MAR to reflect 6/22/17 order of Propranolol 20mg q tab Am and q tab pm prn to q tab Am and 2 tabs pm prn. I Also made note of the changes that were made on the 7/25/17 order to q tab Am and q tab pm prn.</p>	<p style="text-align: center;">yes</p> <p style="text-align: center;">Jan. 11, 2018</p>

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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><b><u>FINDINGS</u></b> Resident #1 physician prescribed medication Propanolol 20mg was changed from one (1) tab am and one (1) tab pm prn to one (1) tab am and two (2) tabs pm prn on 6/22/17. The order was changed back to one (1) tab am and one (1) tab pm on 7/25/17. The changes were not reflected on medication administration record (MAR).</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;"><i>For every appointment for my resident I put in my calendar and bring updates and changes of medication must be the same as the prescription label.</i></p>	<p style="text-align: right;"><i>Jan. 11, 2018</i></p>

Licensee's/Administrator's Signature: Zenaida Valdez

Print Name: ZENAIIDA VALDEZ

Date: Jan. 11, 2018