

Office of Health Care Assurance

State Licensing Section

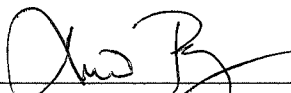
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cabico-Perez, Loraine	CHAPTER 100.1
Address: 1318 Alani Street, Honolulu, Hawaii 96817	Inspection Date: July 12, 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.

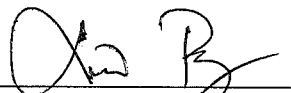
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 medication administration record (MAR) caregiver initials not documented for Cogentin 1mg and Haldol 10mg from April 27, 2017 through April 30, 2017.</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><i>I documented resident #1 medication administration record by inserting initials for Haldol 10mg and Cogentin 1mg from 4/27/17 through 4/30/17</i></p>	<p style="text-align: right;"><i>7/12/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 medication administration record (MAR) caregiver initials not documented for Cogentin 1mg and Haldol 10mg from April 27, 2017 through April 30, 2017.</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><i>In the future as a daily reminder to myself, I will input in my calendar to document MAR's on a daily basis.</i></p>	<p style="text-align: center;"><i>7/12/17</i></p> <p style="text-align: right; vertical-align: bottom;"><i>17 NOV -8 P 2:00</i></p>

Licensee's/Administrator's Signature: 

Print Name: LORRAINE PEREZ

Date: 11/4/17

Licensee's/Administrator's Signature: 

Print Name: LORRAINE PEREZ

Date: 12/21/17