

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Atanes, Remedios	CHAPTER 100.1
Address: 87-542 Manuu Street, Waianae, Hawaii 96792	Inspection Date: May 5, 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> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 physician prescribed medication Calcitriol 0.25mg order not renewed since August 30, 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>I took my Client to doctor and I write the current medication on physician order and Dr. reviews and sign it on 11-17-17.</p> <p>In the future I will make sure M.D. write all the medication, and also to make sure the doctor write down current medication every visit.</p>	<p style="text-align: right;">2/24/18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (g)</u> All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 physician prescribed medication Calcitriol 0.25mg order not renewed since August 30, 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>In the future I look forward that all medication should be ordered 3 to 4 months. And remind myself to write down on my calendar book or physician notes and make sure M.D. should sign it.</p>	<p style="text-align: right;">1/15/18</p>

Licensee's/Administrator's Signature: Remedios Atanes

Print Name: Remedios Atanes

Date: 1/15/18

Licensee's/Administrator's Signature: Remedios Atanes

Print Name: Remedios Atanes

Date: 2/24/18