

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sagadraca Care Home	CHAPTER 100.1
Address: 94-329 Kiokio Place, Waipahu, Hawaii 96797	Inspection Date: November 22, 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>. (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><u>FINDINGS</u> Resident #1 physician prescribed medication Muprocin 2% stored with oral PRN medications.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Resident #1</i> - I removed the Muprocin 2% ointment PRN that was stored in the same ziploc bag with the PRN oral medications. - I stored it in a separate ziploc bag.</p>	<p>11/22/17</p> <p>17 17 14 37</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p>FINDINGS Resident #1 case manager medication list lists discontinued medication Benzonatate 200mg.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Resident #1 - Case manager corrected the medication list by putting the discontinuation date in the right column of the discontinued medication Benzonatate 200mg.</i></p>	<p><i>12/5/17</i></p> <p>17 19 PM 37</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 case manager medication list lists discontinued medication Benzonatate 200mg.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Re: Resident #1 In the future I will make sure that the case manager and I will review and discussed what was done during the visit to make sure that everything was updated and corrected to prevent future errors. In addition to the above correction, this is what I will do to prevent anymore future errors specifically medications I would do the following:</p> <ul style="list-style-type: none"> -I will-notify the RN case manager ASAP of any changes of medications by phone -I will DC medication on my MAR and disposed accordingly to the rules and regulations -I will put a post it note on the RN case manager medications lists as a reminder for her so That she will be able to see it -Put a reminder note on the residents binder (cover) as a reminder to the RN case manager and myself as well as all my substitutes -I will put a note on the medication cabinet cover -also as an added precautions I will inform all my SGs of any changes of medications 	<p>2/5/18</p>

Licensee's/Administrator's Signature: Aurora A. Sagadraca

Print Name: Aurora A. Sagadraca

Date: 12/20/17

Licensee's/Administrator's Signature: Aurora A. Sagadraca

Print Name: Aurora A. Sagadraca

Date: 2/10/18

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