

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: ORI – 2C (DDDH) | CHAPTER 89 |
| Address: 64-1510 Kamehameha Highway, Wahiawa, Hawaii 96786 | Inspection Date: September 6, 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.

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| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p><u>FINDINGS</u> For Resident #1, the pharmacy label of August 14, 2017 for CVS Bismuth Regular Liquid noted, take 2 tablespoons 4 times a day as needed for stomach pain or indigestion; however, the physician order of August 4, 2017 and the August 15-31, 2017 and September 1-15, 2017 medication records note, 2 teaspoon twice a day as needed.</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>The caregiver followed the doctor's order which is the 2 tsp twice a day as needed but CG is not aware that when she called in for a refill the label was changed to 4 times a day as needed. The CM followed-up with the doctor which is the right instructions to follow. The doctor advised to follow his order and followed up with the pharmacy to change the label. <i>2 tabs</i></p> <p>The CM followed-up with the pharmacy and was able to change the label to 2 tsp. twice a day as needed.</p> <p>The Program Coordinator or the assigned CM will review the medication administration record and physician's orders and pharmacy label every two weeks to ensure they match. Any discrepancies will be immediately corrected.</p> | <p>9/07/17</p> <p>4/23/18</p> <p>18 JUN -7 PM 12:12</p> <p style="text-align: right;">RECEIVED</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> For Resident #1, the Clotrimazole/Betamethasone Cream, apply twice a day as needed, was discontinued on August 1, 2017 and disposed of; however, the cream was still listed on the medication update of August 4, 2017.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>18 JUN -7 P12:12</p> <p>RECEIVED</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p><u>FINDINGS</u> For Resident #1, the Clotrimazole/Betamethasone Cream, apply twice a day as needed, was discontinued on August 1, 2017 and disposed of; however, the cream was still listed on the medication update of August 4, 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 the CM and Program Coordinator will ensure that any discontinued medication will be taken out from 90 days update.</i></p> <p><i>In the future the program coordinator will cross check the 90 days update with the pharmacy labels, physician's order and the medication sheets. The ORL CM will double check the 90 days update for accuracy before giving to the physician for signature.</i></p> | <p><i>6/02/18</i></p> <p><i>6/02/18</i></p> <p style="text-align: right;">*18 JUN -7 P12:12 STATE OF MICHIGAN</p> <p style="text-align: right;">RECEIVED</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> For Resident #1, Clotrimazole/Betamethasone Cream, apply twice a day as needed, was discontinued on August 1, 2017; however, it was still listed on the August 16-31, 2017 and September 1-15, 2017 medication records. It was noted as discontinued on August 1, 2017 on the August 1-15, 2017 medication record.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>STATE OF MICHIGAN JUN -7 P12:12 RECEIVED</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Resident #1 had a left modified radical mastectomy on July 11, 2016 and completed radiation treatment on January 9, 2017; however, there were no caregiver entries regarding resident's Stage III left breast cancer and resident's response to radiation treatment.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> | <p>18 JUN -7 P12:12</p> <p>STATE OF MICHIGAN DEPARTMENT OF HEALTH STATELIS</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-18 <u>Records and reports.</u> (b)(5) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Physician's signed orders for diet, medications, special appliances, adaptive equipment, and treatments;</p> <p><u>FINDINGS</u> For Resident #1, blood sugar checks are being done twice a day on Monday, Wednesday and Friday before breakfast and before bedtime; however, no physician order was found.</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>The blood sugar check schedule was already included in the 90-update. The CM was advised that any order from the physician will not be purge, unless there are other documents showing the specific order.</p> <p>The Program Coordinator or assigned CM will check every 15th and end of the month to ensure all active orders from physician will not be purge from the individual binders.</p> | <p style="text-align: center;">9/07/17</p> <p style="text-align: center;">4/23/18</p> <p style="text-align: center;">*18 JUN -7 P12:13</p> <p style="text-align: center;">STATE OF HAWAII DHP-ORCA STATE LICENSING</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p> |

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Licensee's/Administrator's Signature: phudson

Print Name: Susan Hudson

Date: 6/08/18

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