

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bagasol (DDDH)	CHAPTER 89
Address: 911 A Lalawai Street, Wahiawa, Hawaii 96786	Inspection Date: February 20, 2018 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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APR 19 2018

Initial: _____

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> For Resident #1, Cefdinir 300 mg cap po 1 cap BID x 7 days was started on February 13, 2017 and reflected on the February 2017 medication administration record; however, the physician order of that same date just noted the name of the medication. The physician order did not specify the strength, dosage and frequency of the medication.</p>	<p>PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">RECEIVED</p> <p style="text-align: right;">APR 02 2018</p> <p style="text-align: right;">Initial: _____</p>

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☒	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> For Resident #1, Cefdinir 300 mg cap po 1 cap BID x 7 days was started on February 13, 2017 and reflected on the February 2017 medication administration record; however, the physician order of that same date just noted the name of the medication. The physician order did not specify the strength, dosage and frequency of the medication.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 style="text-align: center;">11-89-14</p> <p style="text-align: center;">To ensure error on the findings does not happen again:</p> <p style="text-align: center;">In a case where the Physician calls in a prescription to the Pharmacy, Caregiver will need to review Physicians Notes prior to leaving the office and to request correction or additional written information of the prescribed medication.</p> <p style="text-align: center;">In another case of a written prescription, a request for a copy will be made prior to submitting the prescription to the Pharmacy.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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, the physical examination of January 27, 2018 listed, Vimpat 200 mg po 1 tab BID; however, the January 2018 medication administration record noted, Vimpat 100 mg po 1 tab BID, which was given from January 4, 2018 till the remainder of the month. On January 31, 2018, the order was changed to Vimpat 100 mg, take ½ tab twice daily and Vimpat 50 mg, take ½ tab twice a daily.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature: _____

Nely Bagasol

Print Name: _____

NELY BAGASOL

Date: _____

3/27/2018

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