

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: C.A.R.E. Cottage - Hilo	CHAPTER 98
Address: 100-A Apoke Street, Hilo, Hawaii 96720	Inspection Date: April 19, 2018

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

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure: administrative and organizational plan. (e)</u> Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p>FINDINGS CARE Hawaii policy – F10.12 Medication Administration read, “9. The Physician must verify the telephone order <u>immediately</u> with his/her signature and title. RN staff will coordinate with the physician and his staff having this signature via fax.” Resident #1, telephone order dated April 13, 2018 read: • “Ibuprofen 200 mg 1 po q4-6h prn after food not to exceed 6 tabs per 24 hrs.” And telephone order of April 16, 2018 read: • “Hydrocodone-Acetaminophen 7.5 mg TID PRN.” Medications were transcribed on to the April 2018 prn medication record; however, <u>no physician signature</u> on telephone/verbal order sheet.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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>Signed order received via fax for Ibuprofen order dated April 13.</p> <p>Signed order received via fax for Hydrocodone order dated 4/16/18</p>	<p style="text-align: right;">4/19/18</p> <p style="text-align: right;">4/20/18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure: administrative and organizational plan.</u> (e) Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p>FINDINGS CARE Hawaii policy – F10.12 Medication Administration read, “9. The Physician must verify the telephone order <u>immediately</u> with his/her signature and title. RN staff will coordinate with the physician and his staff having this signature via fax.” Resident #1, telephone order dated April <u>13</u>, 2018 read: <ul style="list-style-type: none"> • “Tbuprofen 200 mg 1 po q4-6h prn after food not to exceed 6 tabs per 24 hrs.” And telephone order of April <u>16</u>, 2018 read: <ul style="list-style-type: none"> • “Hydrocodone-Acetaminophen 7.5 mg TID PRN.” Medications were transcribed on to the April 2018 prn medication record; however, <u>no physician signature</u> on telephone/verbal order sheet.</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>Care Hawaii policy –F10.12 Medication Administration #9 revised to clarify verifying and faxing orders to physician, and sent for administrative review and approval.</p> <p>RN to fax order to MD as soon as verified by other RN, and then file returned signed copy as soon as received.</p> <p>RN's educated on process of faxing to MD and filing in May supervision.</p> <p>Team lead to review that faxes are being processed promptly, weekly.</p>	<p>5/25/18</p> <p>5/25/18</p> <p>5/25/18</p> <p><i>GAH</i></p> <p>6/1/18</p>

Licensee's/Administrator's Signature: Therese Reed RN, BA, ASN

Print Name: THERESE REED, RN, BA, ASN

Date: 5/29/18