

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Macaraeg DD Dom Home	CHAPTER 89
Address: 94-262 Kahuahale Street, Waipahu, Hawaii, 96797	Inspection Date: June 8, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <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, on May 24, 2018, Vitamin D3, take 1 tablet BID p.o., was not initialed as given at 6 am.</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>	

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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, on May 24, 2018, Vitamin D3, take 1 tablet BID p.o., was not initialed as given at 6 am.</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>A certified caregiver or an authorized responsible adult who administers a resident's medication or supplement ordered by a physician shall immediately document in the Medication Record right after the resident has taken the drug by initialing in the box that corresponds to that resident, name of medication or supplement, dosage, route, date and time given. A second check by a certified caregiver shall follow after each documentation.</p> <p>At the end of the day, certified caregiver #1 shall review the accuracy of the resident's medication record by checking that all medication orders for that day has been complied and recorded appropriately.</p> <p>After completion of a resident's monthly medication record, certified caregiver #2 shall double check the preciseness of the documentation before filling accordingly.</p>	<p>6-12-2018</p>

Licensee's/Administrator's Signature: Priscilla T. Macaraeg

Print Name: PRISCILLA T. MACARAEG

Date: 06/12/2018