

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Carino Care Home	CHAPTER 100.1
Address: 94-1110 Hilihua Place, Waipahu Hawaii 96797	Inspection Date: May 3, 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) 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>§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Unsecured medications:</p> <ol style="list-style-type: none"> 1. First aid kit, contained unsecured over the counter medications: "Bendryl Extra Strength Cream" and "Tylenol Extra Strength 500 mg." 2. Counter, unsecured discontinued pharmacy labeled medication "Polyeth Glycol 3350 NF Powder (Miralax.)" 	<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><i>I correction:</i></p> <p>a) Remove First Aid product from resident area.</p> <p>b) Marked the label, scratch the name of the medicine → dispose in rubbish</p>	<p style="text-align: right;"><i>5/3/18</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1, APRN order reads, "Riomet 500 mg/5 ml – 10 ml BID <u>before breakfast and dinner.</u>" However, the times listed in the flowsheet do match the order or meal hours. <u>Times on the flowsheet read, 8 am and 8 pm.</u> However, the earliest dinner is at 5:30 pm and latest breakfast at 7 am.</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 style="text-align: center;"><i>I Correction: Change time on flowsheet.</i></p>	<p><i>5/4/18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1, APRN order reads, "Riomet 500 mg/5 ml – 10 ml BID <u>before breakfast and dinner.</u>" However, the times listed in the flowsheet do match the order or meal hours. <u>Times on the flowsheet read, 8 am and 8 pm.</u> However, the earliest dinner is at 5:30 pm and latest breakfast at 7 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><i>Future:</i></p> <ul style="list-style-type: none"> a) Read order b) write flow sheet c) Read order a second to check <u>MAR</u> times match order before meal. d) Remind subs med given before meal. 	<p style="text-align: right;"><i>5/5/18</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident #1, no procedure to dispose of discontinued medication. Order (12/19/17) reads "Discontinue Miralax." However, container of Miralax found on a counter top.</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><i>I correction: S/c med</i></p>	<p style="text-align: center;"><i>12/19/17</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1, no procedure to dispose of discontinued medication. Order (12/19/17) reads "Discontinue Miralax." However, container of Miralax found on a counter top.</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><i>Future:</i></p> <ul style="list-style-type: none"> a) Take order off MAR b) Take med out of cabinet c) Same day dispose of medicine d) Put sign I'm busy. e) Put sign away. 	<p style="text-align: right;">5/7/18</p>

Licensee's/Administrator's Signature: Lolita Carino

Print Name: Lolita CARINO

Date: 5/16/18