

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: De Vera, Loretta | CHAPTER 100.1 |
| Address: 94-865 Mokuahi Street, Waipahu, Hawaii 96797 | Inspection Date: June 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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Initial: _____

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|---|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1 – No training by PCG to make prescribed medications available to residents.</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>I trained the SCG #1 last June 10, 2017. I therefore provided the training on prescribed medications available to residents and recorded it properly to each residents medication records.</p> | <p style="text-align: center;">June 10, 2017</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1 – No training by PCG to make prescribed medications available to residents.</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>In the future, when I hire a new SCG, I will train the SCG using the "PCG/SCG Caregiver Training" checklist, that contains all basic training required including, how to make medication available to residents and properly record it. Then I will train my SCG using same checklist annually for annual clearance.</p> | <p style="text-align: center;">03/13/2018</p> <p style="text-align: center;">RECEIVED</p> |

| | Rules (Criteria) | Plan of Correction | Completion Date |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications. (g)</u> All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medication order for Tamsulosin not re-evaluated from December 2016 until May 2017.</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>I called the physician for the re-evaluation of medication Tamsulosin which was not reevaluated every four months. Mentioned to the physician that medication Tamsulosin was not reevaluated for a certain period of months and so I write down on the Physician /APRN Record the months that needs reevaluation and ask the physician to sign on the next office visit which will be on December 14, 2017.</p> | <p style="text-align: center;">June 15, 2017</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medication order for Tamsulosin not re-evaluated from December 2016 until May 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>To prevent this from happening again, I have placed a "Reminder Notice" on the resident's chart cover, alerting the doctor to update the medication during each visit every (4) four months.</p> | <p style="text-align: center;">03/13/2018</p> <p style="text-align: right;">RECEIVED</p> |

Licensee's/Administrator's Signature: Loretta De Vera

Print Name: Loretta De Vera

Date: November 27, 2017

Licensee's/Administrator's Signature: *Loretta De Vera*

Print Name: Loretta De Vera

Date: March 13, 2018

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