

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Cabingabang Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-1121 Waipahu Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: July 3, 2018 Annual</b>

**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.**

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 – Physician’s medication order from May 10, 2018 states, “Verapamil ER <u>240 mg</u> po qd.” Medication label and medication administration record state, “Verapamil ER <u>120 mg</u> po qd.” <u>Clarify with physician.</u></p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>7/2/18 - VERIFIED WITH DR. 2:45 pm RUSSELL KELLY. MED. ORDER SHOULD BE VERAPAMIL ER 120 mg NOT 240 mg.</p>	<p>7/2/18 3:26 pm</p>

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☒	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s medication order from May 10, 2018 states, “Verapamil ER <u>240 mg</u> po qd.” Medication label and medication administration record state, “Verapamil ER <u>120 mg</u> po qd.” <b><u>Clarify with physician.</u></b></p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>- IN THE FUTURE DOCTOR'S FOLLOW UP, MOST CURRENT CLINICAL SUMMARY SHOULD BE BROUGHT IN AND SHOW TO THE PHYSICIAN THE LIST OF MEDICATIONS TO MAKE SURE IT'S CORRECT DOSAGE OR MATCHES EVERYTHING.</p>	<p>7/3/18 3:26 PM</p>

Licensee's/Administrator's Signature: Delia D. Cabingabang

Print Name: DELIA D. CABINGABANG

Date: 7/3/18