



Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Calucag III</b>	<b>CHAPTER 100.1</b>
<b>Address: 1050 18<sup>th</sup> Avenue, Honolulu, Hawaii 96816</b>	<b>Inspection Date: July 20, 2017 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.**

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness. (b)</u>  The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><b><u>FINDINGS</u></b>  First aid kit contained three (3) tubes of Neosporin, one (1) bottle of Extra Strength Tylenol, and one (1) packet of Motrin IB.</p>	<p style="text-align: center;"><b>PART 1</b>  <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>The tubes of neosporin/tylenol and motrin were removed from the first aid kit and stored in secure location</p>	<p style="text-align: right;">7/20/17</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b)  The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><b>FINDINGS</b>  First aid kit contained three (3) tubes of Neosporin, one (1) bottle of Extra Strength Tylenol, and one (1) packet of Motrin IB.</p>	<p style="text-align: center;"><b>PART 2</b>  <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 all newly purchased first aid kits will be evaluated and cross checked with first aid checklist to ensure all required items are present and medications/creams are stored properly.</p>	<p style="text-align: center;">7/20/17</p>

	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:</p> <ul style="list-style-type: none"> <li>• "CertaVite Senior Antioxidant Tab," available and being administered; however, medication and related information are not listed on the medication administration record (MAR).</li> <li>• "Prilosec 40 mg," ordered by physician on 5/23/2017. MAR states, "Prilosec 20 mg." Physician order and MAR do not match.</li> </ul>	<p style="text-align: center;"><b>PART 1</b>  <u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Called the dr of resident #1 and had him update the MARs to include the "Certa-vite Senior Antioxidant".</p> <p>Also contacted the dr about the prilosec to ensure the dose was correct. Mar was updated to the correct dosage.</p>	<p style="text-align: center;"><del>✗</del>  Call Dr. Arnold</p> <p style="text-align: center;">7/21/17</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><b><u>FINDINGS</u></b> Resident #1:</p> <ul style="list-style-type: none"> <li>• "CertaVite Senior Antioxidant Tab," available and being administered; however, medication and related information are not listed on the medication administration record (MAR).</li> <li>• "Prilosec 40 mg," ordered by physician on 5/23/2017. MAR states, "Prilosec 20 mg." Physician order and MAR do not match.</li> </ul>	<p style="text-align: center;"><b>PART 2</b> <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 all MARs will be double checked to ensure it matches the dr. orders correctly. Any changes to medication will be noted in patients MARs</p>	<p style="text-align: right;">7/21/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<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><b><u>FINDINGS</u></b>  Resident #1 – Medications orders were reevaluated and signed five (5) months after 8/12/2016, on 1/28/2017, instead of four (4) months.</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>Resident #1 was taken to the Doctor to get medications Reevaluated.</p>	<p>7/24/17</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medications on emergency information sheet are not accurate.</p>	<p style="text-align: center;"><b>PART 1</b> <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>The list of medication on the emergency information sheet was updated to show all current medications</p>	7/20/17



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (f)(4)            General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Medications on emergency information sheet are not accurate.</p>	<p style="text-align: center;"><b>PART 2</b>  <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 when any changes are made to a residents medication, both the mars and the emergency information sheet will updated to reflect current medications at the same time.</p>	<p style="text-align: center;">7/20/17</p>


	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #1 and #2 birthdays incorrect on general register.</p>	<p style="text-align: center;"><b>PART 1</b> <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>Both birthdays on the general register were corrected for resident #1 and Resident #2</p>	<p style="text-align: center;">7/20/17</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> Resident #1 and #2 birthdays incorrect on general register.</p>	<p style="text-align: center;"><b>PART 2 <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 all birthdate and other information will be <del>double</del> double checked for accuracy, cross referenced with residents ID.</p>	<p style="text-align: center;">7/20/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d)  An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Inventory of resident's possessions not updated since 2013.</p>	<p style="text-align: center;"><b>PART I</b>  <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>The inventory sheet of resident #1 was updated to show a list of resident's current belongings</p>	<p style="text-align: center;">7/20/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d)            An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Inventory of resident's possessions not updated since 2013.</p>	<p style="text-align: center;"><b>PART 2</b>  <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 all residents inventory records will be updated whenever any new items are given / disposed of. Staff briefed on procedure when family members bring / throw away any items</p>	<p style="text-align: right;">7/20/17</p>

Licensee's/Administrator's Signature: \_\_\_\_\_



Print Name: NESTOR B. CALUCAG

Date: DEC. 14, 2017



Licensee's/Administrator's Signature:

*[Handwritten Signature]*

Print Name:

*Samuel Kahalewai*

Date:

*6/15/18*