

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mely Mueller	CHAPTER 100.1
Address: 94-949 Lumiloke Street, Waipahu, Hawaii 96797	Inspection Date: April 5, 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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	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><b>FINDINGS</b> No documentation that the PCG trained SCG #1 or SCG #2 to make prescribed medications available to residents.</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><i>I gave training to SCGI and 2 4/6/17</i></p> <p><i>I will make it sure that I will train SCG's as require, for safety of all residents.</i></p> <p style="text-align: right;"><i>Melissa</i></p>	<p style="text-align: center;">4/6/17</p>

	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><b>FINDINGS</b>            No documentation that the PCG trained SCG #1 or SCG #2 to make prescribed medications available to residents.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Before a new SCG starts, I will go over my checklist which includes CPR, FA, TB clearance training by me (PCG) to ensure everything is available. I will have also my subs to check the list to ensure that I didn't miss anything.</i></p> <p><i>MBaloceny</i></p>	<p>7/24/18</p>

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	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>FINDINGS</b> Medication orders for Resident #1 not reevaluated and signed by the physician every four 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><i>I assumed that its sign electronically sign by physician.</i> <i>Physician signed Doctor visit 4/6/17</i> <i>I will always double check all residents visit and make it sure attending physician signed.</i></p> <p style="text-align: right;"><i>Melgaby</i></p>	<p><i>4/6/17</i></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>FINDINGS</b> Medication orders for Resident #1 not reevaluated and signed by the physician every four months.</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><i>I assumed that its sign electronically sign by physician. Physician Signed Doctor visit 4/6/17</i></p> <p><i>I will always double<sup>check</sup> all residents visit and make it sure that attending physician signed.</i></p> <p style="text-align: center;"><i>PCG</i></p>	<p style="text-align: center;">4/6/17</p> <p style="text-align: right;">OCT 12 4:36 PM</p>

Licensee's/Administrator's Signature: Melocanoy  
Print Name: MELY BALLOCANAG  
Date: 10/7/17

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COMMISSIONER OF HEALTH

Licensee's/Administrator's Signature: Melody

Print Name: MELY BALLOCAWAG

Date: 3/12/18

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Initial: \_\_\_\_\_

Licensee's/Administrator's Signature: *Maly*  
Print Name: MELY BALLOCAWAG  
Date: 7/24/18

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