

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fernando Care Home	CHAPTER 100.1
Address: 94-1351 Waipahu Street, Waipahu, Hawaii 96797	Inspection Date: October 17, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 medication administration record (MAR) missing administration initials for Exelon 9.5mg patch from October 9 through October 17, 2017.</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>Resident no 1 medication administration record (MAR) missing administration initials for Exelon 9.5mg patch daily from Oct. 9, 2017 to Oct 17, 2017 Is completed initialed by care giver from Oct. 9, 2017 to Oct 17, 2017 PF Oct. 17, 2017 as of this date</i></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> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident #1 no admission assessment for June 23, 2017 admission.</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>on June 23, 2017, I failed to do re-admission assessment from resident 1 hospitalizations.</i></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><u>FINDINGS</u> Resident financial statement is signed, and dated, but missing name, date, and financial management selection.</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>Resident financial statement resident 1, Resident 2, Resident 3 Resident 4 signed a complete one Oct 18, 2017.</i></p>	

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Licensee's/Administrator's Signature: Perlita N. Fernando

Print Name: Perlita Fernando

Date: 12-29-2017

Licensee's/Administrator's Signature: Perlita Fernando

Print Name: Perlita Fernando

Date: Feb. 15, 2018

Licensee's/Administrator's Signature: Perlita Fernando

Print Name: Perlita Fernando

Date: 3-16-2018