

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Mililani Care Home LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 95-117 Waikalani Drive, Mililani, Hawaii 96789</b>	<b>Inspection Date: September 13, 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.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – External use medications (Bisacodyl suppository &amp; Baza 2% Antifungal cream) not segregated from internal use medications.</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>1) Yes, I corrected the deficiency right after the annual inspection on 10/13/18.</p> <p>2) In Resident #1 medication compartment, I segregated the external use medication from the internal use medication and placed them in a separate compartment the day after the annual inspection.</p> <p>3) I also store the external use medication in an individual container/plastic bag within the designated compartment.</p>	<p>10/12/18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (c)            Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b><u>FINDINGS</u></b>            Resident #1 – External use medications (Bisacodyl suppository &amp; Baza 2% Antifungal cream) not segregated from internal use medications.</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>1) I will place a label on each resident's medication compartment stating "External and or Internal Use Medication only".</p> <p>2) I will check all resident's medication compartment each day to ensure that external and internal use medications are segregated accordingly.</p> <p>3) I will have my secondary care giver double check the resident's medication compartment everyday to ensure that external and internal use medications are segregated in their designated compartment.</p>	<p style="text-align: center;">10/12/18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 – Baza 2% Antifungal cream, discontinued on 8/27/2018, found in medication bin during inspection.</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>1) Yes, I corrected the deficiency right after the annual inspection on 10/15/18.</p> <p>2) In resident #1 medication compartment, I disposed the discontinued medication (Baza 2% Antifungal cream) immediately after the annual inspection.</p>	<p>10/12/18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications</u>. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 – Baza 2% Antifungal cream, discontinued on 8/27/2018, found in medication bin during inspection.</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>1) I will dispose the discontinued medication as soon as I received an order from the resident's Doctor/APRN to discontinue such medication.</p> <p>2) I will create a medication list for each resident and put a note in bold print at the bottom of the page, to cross out discontinued medication and immediately take it out from the medication bin.</p> <p>3) I will place the medication list in an individual clipboard and store it inside the medication cabinet to ensure that a discontinued medication will be crossed out &amp; disposed immediately.</p>	<p>10/12/18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No documented response to new medication ordered on 12/15/2017 (Busiprone 5mg PO BID) in progress notes dated 12/2017.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>10/12/18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – No documented response to new medication ordered on 12/15/2017 (Busiprone 5mg PO BID) in progress notes dated 12/2017.</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>1) In the future, I will put a note in front of resident's chart to write a response to a new medication.</p> <p>2) I will have my Secondary Care give double check my progress notes to ensure that a response to a new medication is written down in progress notes</p>	<p>10/12/18</p>

Licensee's/Administrator's Signature: *Sonia V. Galvez*

Print Name: Sonia V. Galvez

Date: 10/12/18