

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: D-Well Care Services	CHAPTER 100.1
Address: 3443 Likini Street, Honolulu, Hawaii 96818	Inspection Date: August 22, 2018 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.

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> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician order for Digoxin states, “375 mcg po qd.” Medication Administration Record (MAR) and label for Digoxin state, “125 mcg po qd.” Physician order does not match MAR and medication label.</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>- On Aug 31 I went to see the resident physician to clarify the prescription medication order.</p> <p>- I have the MD signed the right order dosage of those prescription medication.</p> <p>- Documented the completed corrected changes in my resident MAR.</p>	<p style="text-align: center;">9/6/18</p>

	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><u>FINDINGS</u> Resident #1 – Physician order for Digoxin states, “375 mcg po qd.” Medication Administration Record (MAR) and label for Digoxin state, “125 mcg po qd.” Physician order does not match MAR and medication label.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, All medication log entries must match the pharmacy label. I will also ensure as PCG that is my responsibility to call physician for clarification and report all the medication occurrences before completing the right documentation into my MAR.</p>	<p style="text-align: center;">9/27/18</p>

	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><u>FINDINGS</u> Resident #1 – Physician order for Metoprolol states, “75 mg po bid.” Medication Administration Record (MAR) and label for Metoprolol state, “50 mg po bid.” Physician order does not match MAR and medication label.</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> <ul style="list-style-type: none"> - On Aug 31, I went to see the M.D. resident to verify the prescription medication order. - I have the M.D. signed the right order dosage of these prescription medication. - Documented the completed corrected changes in my resident MAR. 	<p style="text-align: center;">9/1/18</p>

	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><u>FINDINGS</u> Resident #1 – Physician order for Metoprolol states, “75 mg po bid.” Medication Administration Record (MAR) and label for Metoprolol state, “50 mg po bid.” Physician order does not match MAR and medication label.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, all medication log entries must match the pharmacy label. I will also ensure as PCG that is my responsibility to call the physician for clarification and report all the medication occurrences before completing the right documentation into my MAR.</p>	<p style="text-align: right;">9/27/18</p>

	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><u>FINDINGS</u> Resident #1 – Medications Metoprolol and Digoxin include heart rate and blood pressure parameters; however, the resident's heart rate and blood pressure are not taken prior to medication administration.</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>I revised my resident's MAR and made a space underneath the sign dates to write the parameters order. Therefore, I can conclude whether to give or add the resident's medication.</i></p>	<p style="text-align: center;"><i>9/27/18</i></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><u>FINDINGS</u> Resident #1 – Medications Metoprolol and Digoxin include heart rate and blood pressure parameters; however, the resident's heart rate and blood pressure are not taken prior to medication administration.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will always follow the medication parameters exactly when administering medication to ensure the specification whether to give the medication or treatment.</p>	<p style="text-align: center;">9/27/18</p>

Licensee's/Administrator's Signature: _____

Maia Dingle

Print Name: _____

Maia T. Dingle

Date: _____

9/1/18

Licensee's/Administrator's Signature: _____

Maia Dingle

Print Name: _____

Maia Dingle

Date: _____

9/27/18