

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: House of Aloha	CHAPTER 100.1
Address: 86-569 Paheehoe Road, Waianae, Hawaii, 96792	Inspection Date: February 22, 2019 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.

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

19 MAR -8 AM 1:42

RECEIVED

	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 dated 1/28/19 shows an order of Nitrostat 0.4 mg SL for chest pain; however, medication order does not reflect on resident's medication administration record and no medication on hand for resident use. Please clarify the order with the physician whether the medication is discontinued.</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;">PCP WENT TO PCP CLINIC ABOUT THE PHYSICIAN ORDER NITROSTAT 0.4MG SL, FOR CHEST PAIN, PRN, ORDER CLARIFIED, MEDICATION CONTINUED. PCP PRESCRIBED MEDICATION TO DAY.</p>	<p style="text-align: center;">MARCH 19, 2019</p> <p style="text-align: right;">19 MAR -8 AM 1:42</p> <p style="text-align: right; font-size: small;">STATE BOARD OF NURSING REGISTRATION STATE LICENSING</p> <p style="text-align: right; font-size: small;">RECEIVED</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 dated 1/28/19 shows an order of Nitrostat 0.4 mg SL for chest pain; however, medication order does not reflect on resident's medication administration record and no medication on hand for resident use. Please clarify the order with the physician whether the medication is discontinued.</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 PCG WILL CHECK PHYSICIAN ORDER, MEDICATIONS LIST AND MEDICINE BOTTLES, I WILL MAKE SURE ALL ARE CORRECT, I WILL MONITOR/ CHECK EVERY MONTH, TO ENSURE ALL MEDICATIONS ARE THE SAME AND REFLECT IN THE MEDICATION RECORD. IF ANY CHANGES IN PHYSICIAN ORDER I WILL UPDATE AS SOON AS POSSIBLE.</p>	<p>APRIL 5, 2019</p>

RECEIVED
APR 10 2019

	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- Medication supply of Meclizine 25mg 1tab po Q6 hours PRN for vertigo noted to be expired since 2/17/18.</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>PCG DISCARD THE EXPIRED MEDICINE RIGHT AWAY ON THAT DAY AFTER THE INSPECTION FINISHED. LAST FEB. 22, 2019</p>	<p>APRIL 5, 2019</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- Medication supply of Meclizine 25mg 1tab po Q6 hours PRN for vertigo noted to be expired since 2/17/18.</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 PCG CHECK EVERY MONTH THE EXPIRED MEDICATIONS AND I WILL DISCARD RIGHT AWAY. I WILL TRAIN MY SCG ANNUALLY HAVE THE EXPIRED MEDICINE TO BE DISCARDED RIGHT AWAY, GUIDELINES OF DISPOSING UNUSED MEDICINES IS IS IN THE CAREHOME BINDER FOR PREFERENCE.</p>	<p>APRIL 5, 2019</p>

Licensee's/Administrator's Signature: *Sularlenof*

Print Name: SISTER LORVENE PANALIGAN

Date: APRIL 5, 2019

Licensee's/Administrator's Signature: *Sularlenof*

Print Name: SISTER LORVENE PANALIGAN, OP.

Date: MARCH 1, 2019