

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Villar, Marylin (ARCH)	CHAPTER 100.1
Address: 94-242 Pupukahi Street, Waipahu, Hawaii 96797	Inspection Date: November 1, 2018

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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RECEIVED
NOV 27 2018

	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>FINDINGS Resident #1 - "Guaifenesin DM cough syrup 1-2 tsp Q 4 H prn" ordered 10/18/18; the October 2018 and November medication records recorded "2 tsp." The label noted "Take 1-2 teaspoonful by mouth every 4 hours as needed for cough."</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>Medication record changed to Guaifenesin DM cough syrup 1-2 tsp Q 4 H as needed. 1/18/19</i></p>	<p style="text-align: right;">19 JAN 18 P 2:41</p> <p style="text-align: right;">STATE OF IOWA DEPARTMENT OF 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> (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>FINDINGS Resident #1 - "Guaifenesin DM cough syrup 1-2 tsp Q 4 H prn" ordered 10/18/18; the October 2018 and November medication records recorded "2 tsp." The label noted "Take 1-2 teaspoonful by mouth every 4 hours as needed for cough."</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><i>on the future, I will make sure to write the name name of the medication and the measurement or dosage ordered by the physician on the residents medication on record. I will double check what I write of the physician's order and the label.</i></p>	<p style="text-align: right;">11/8/19</p> <p style="text-align: right;">19 JAN 18 P2:41</p> <p style="text-align: right;">STATE OF MICHIGAN DIVISION OF STATE LICENSING</p>

RECEIVED

	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 - "Seroquel 200 mg 1 tab po Q am 2 tabs po Q HS" ordered 10/12/18; the November 2018 medication record read: "Seroquel 200 mg i tab BID" and "Seroquel 200 mg 2 tabs 9 p.m."</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>Medication record changed Seroquel 200 mg 1 tab in the morning and 2 Tabs HS.</i></p>	<p style="text-align: center;"><i>1/18/19</i></p>

STATE OF IOWA
CORPORA
STATE LICENSING

19 JUN 18 P2:41


RECEIVED

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (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. FINDINGS Resident #1 - "Seroquel 200 mg 1 tab po Q am 2 tabs po Q HS" ordered 10/12/18; the November 2018 medication record read: "Seroquel 200 mg i tab BID" and "Seroquel 200 mg 2 tabs 9 p.m."	<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 style="text-align: center;"><i>I will write^{on} write physician order on the medication record and double check what I write with the physician order.</i></p>	<p style="text-align: center;"><i>1/18/19</i></p>

STATE OF DELAWARE
 DEPARTMENT OF
 STATE LICENSING

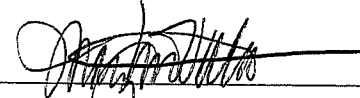
19 JAN 18 P 2:41

RECEIVED

Licensee's/Administrator's Signature: 

Print Name: MARILYN VILLAR

Date: 11/18/18

Licensee's/Administrator's Signature: 

Print Name: MARILYN VILLAR

Date: 11/8/19