

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Calucag III	CHAPTER 100.1
Address: 1050 18 th Avenue, Honolulu, Hawaii 96816	Inspection Date: December 5, 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) 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 – Acetaminophen 500mg tablets and Docusate sodium 100mg capsules, as ordered by primary care physician (PCP), not made available for resident use.</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>Acetaminophen 500mg tablets and Docusate sodium 100mg capsules were purchased on 12/5/18 from the store. Labels were created and were attached to both bottles. Each label contained the resident's name, medication, dosage, instructions, birth date, and prescribing doctor.</p>	<p>12/5/18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (2) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – MD ordered “Docusate sodium 100mg cap by mouth twice daily as needed for constipation,” dated 6/29/2018. MAR stated from June 2018 to December 2018, “Docusate sodium 100mg cap. Take 1 cap by mouth twice daily.” MD order and MAR do no match.</p> <p>MD ordered “Methotrexate 2.5mg tab, take 3 pills my mouth every week,” dated 7/3/2018. MAR stated from November 2018 to December 2018, “Methotrexate 2.5mg tab, take 2 tabs by mouth once weekly.” MD order and MAR do no match.</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>The Corrections on the MARS were made for both medication mistakes. The corrected instructions for the docusate sodium include “as needed” and for the Methotrexate, for the months of november and december the corrections from 2 tabs to 3 tabs were made.</p>	<p>12/5/18</p>

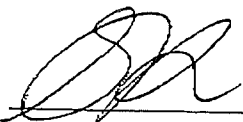
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (f)</u> Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – MD ordered “Docusate sodium 100mg cap by mouth twice daily as needed for constipation,” dated 6/29/2018. MAR stated from June 2018 to December 2018, “Docusate sodium 100mg cap. Take 1 cap by mouth twice daily.” MD order and MAR do no match.</p> <p>MD ordered “Methotrexate 2.5mg tab, take 3 pills my mouth every week,” dated 7/3/2018. MAR stated from November 2018 to December 2018, “Mefhotrexate 2.5mg tab, take 2 tabs by mouth once weekly.” MD order and MAR do no match.</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>Moving forward, a second review will be done by someone other than the PCA, (Nestor or Caridad) to ensure the MARS, medication label, and order are all consistant. Each new monthly MARS will be reviewed by 2 people.</p>	<p>12/5/18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 – Office visit with PCP to update medication list on 10/13/17. Next time medication list updated was 6/29/18. Eight (8) months passed without updating residents' medication list.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature: 

Print Name: Samuel Kahalewai

Date: 12/7/18