Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Funtanilla (DDDH)	**CHAPTER 89**
Address: **1020 Hulakui Drive Honolulu, Hawaii 96818**	**Inspection Date: August 14, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-14 Resident health and safety standards. (e)(5) Medications: All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition. **FINDINGS** Resident #1 - The following medication discrepancies were identified: • "Glucosamine HCL 1500mg tab, 1 tab PO 2x a day" ordered on 8/27/19, however, Glucosamine HCL 1500 mg with MSM 1500 mg is available.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Primary Care physician discontinued Glucosamine HCL 1500 mg tab, 1 tab PO 2x a day, replaced with Glucosamine HCL 1500 mg with MSM 1500 mg, 1 tab PO 2x a day.	08/23/2019

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-14 Resident health and safety standards. (e)(7) Medications: All verbal orders for medication shall be recorded on the physician's order sheet by the certified caregiver receiving the verbal orders. Written confirmation from the attending physician shall be obtained within seventy-two hours. **FINDINGS** Resident #1 – "Benzoyl Peroxide body wash, wash during shower then rinse off" ordered 9/17/19, medication administration record (MAR) indicated medication discontinued on 12/17/19. No discontinuation order available for review.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Physician signed the Telephone Order To discontinue Benzoyl Peroxide body wash, wash during shower then rinse off, discontinued on 12/17/2018.	08/23/2019

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☒	§11-89-14 Resident health and safety standards. (e)(7) Medications: All verbal orders for medication shall be recorded on the physician's order sheet by the certified caregiver receiving the verbal orders. Written confirmation from the attending physician shall be obtained within seventy-two hours. **FINDINGS** Resident #1 – "Benzoyl Peroxide boy wash, wash during shower then rinse off" ordered 9/17/19, medication administration record (MAR) indicated medication discontinued on 12/17/19. No discontinuation order available for review.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Fax Telephone order to physician after receiving order. Substitute caregiver to check if the signed telephone order is complete.	08/23/2019

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-14 Resident health and safety standards. (e)(12) Medications: All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver. **FINDINGS** Resident #1 – "Calcium 600 + 400 IU Vit D, 1 tab PO once daily" ordered on 8/27/19, however, MAR reads "Calcium 600mg tab, 1 tab daily".	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Caregiver updated the MAR to correct the current order Calcium 600 mg + 400 IU Vit D, 1 Tab PO once daily.	08/23/2019

19 AUG 27 P4:34

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF NEW YORK
STATE DEPARTMENT OF HEALTH
19 AUG 27 P4:24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-20 Resident accounts. (a) The conditions under which the caregiver agrees to be responsible for the residents' funds or property shall be explained and agreed to by the resident, or the guardian, and documented in the resident's file. **FINDINGS** Resident #1 – No signed financial statement available for review.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Financial statement completed and is available for review on the record.	08/23/2019

STATE FACILITIES
19 AUG 27 P4:25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-89-20 Resident accounts. (a) The conditions under which the caregiver agrees to be responsible for the residents' funds or property shall be explained and agreed to by the resident, or the guardian, and documented in the resident's file. **FINDINGS** Resident #1 – No signed financial statement available for review.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will utilize a checklist of all admission requirements for residents everytime there is admission.	08/23/2019

STATE OF NORTH CAROLINA
19 MAY 27 P4:35

Licensee's/Administrator's Signature: Norma C. Funtanilla

Print Name: NORMA C. FUNTANILLA

Date: 08/24/2019

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STATE BUILDING