

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Josephine Cabal (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 2322 Awapuhi Street #1, Hilo, Hawaii 96720	Inspection Date: May 4, 2020 – 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
☒	<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 orders dated December 11, 2019, February 3, 2020 and April 14, 2020 read:</p> <ul style="list-style-type: none"> • “Ondansetron HCl 8 mg tab 1 tab po QD x 5 days for nausea give 30 min. before giving “Temozolomide & 1 tab po Q6H PRN for nausea” <p>However, December 2019 – May 2020 monthly medication records and prescription bottle label read:</p> <ul style="list-style-type: none"> • “Ondansetron 8 mg ODT dissolve 1 tab on tongue PO every 6H pm” 	<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>	

	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 orders dated December 11, 2019, February 3, 2020 and April 14, 2020 read:</p> <ul style="list-style-type: none"> • “Ondansetron HCl 8 mg tab 1 tab po QD x 5 days for nausea give 30 min. before giving “Temozolomide & 1 tab po Q6H PRN for nausea” <p>However, December 2019 – May 2020 monthly medication records and prescription bottle label read:</p> <ul style="list-style-type: none"> • “Ondansetron 8 mg ODT dissolve 1 tab on tongue PO every 6H prn” 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____