

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hernani T. Valenzuela Aguilar ARCH/EC-ARCH	CHAPTER 100.1
Address: 98-864 Kaamilo Street Aiea, Hawaii 96701	Inspection Date: June 5, 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
<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 – The following medications were found to be expired:</p> <ol style="list-style-type: none"> 1. Zinc Oxide 20% ointment, expired 2/29/20. 2. Bisacodyl Suppositories, expired 5/28/19. 	<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><i>Yes, I have thrown away both old medications, and I called in for refills at the VA pharmacy.</i></p>	<p style="text-align: center;"><i>6/22/20</i></p>

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JUN 26 2020

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<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 – The following medications were found to be expired:</p> <ol style="list-style-type: none"> 1. Zinc Oxide 20% ointment, expired 2/29/20. 2. Bisacodyl Suppositories, expired 5/28/19. 	<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>See attached</i></p>	

1. To prevent this deficiency from happening in the future, I have developed a checklist to be posted on each Resident's Binder a reminder to check all medication labels including expiry dates. All Care Givers are required to put a check mark on the box initialed and dated.

8/10/20

Licensee's/Administrator's Signature: Hernani T. V. Aguilan

Print Name: HERNANI T. V. AGUILAN

Date: 6/22/20

Licensee's/Administrator's Signature: Hernani T. V. Aguilan

Print Name: HERNANI AGUILAN

Date: Aug. 10, 2020

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JUN 25 2020