

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Castro's	CHAPTER 100.1
Address: 3354 Eono Street, Lihue, Hawaii 96766	Inspection Date: April 27, 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) WORKING 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> (f) 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-Medications were not signed off for the dates of April 25th, 26th and 27th. Medications should be signed off when given.</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><i>I have to make sure when giving the medication to give it to the right person, time, medication and dosage and I am signing the medication after administering.</i></p>	<p><i>4/28/20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) 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-Medications were not signed off for the dates of April 25th, 26th and 27th. Medications should be signed off when given.</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 style="text-align: center;">I am putting my medication sheet on a clipboard to remind myself to sign off medication as I give their medication.</p>	<p style="text-align: center;">4/28/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-15 <u>Medications.</u> (f) 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>FINDINGS: Resident #1-“Ibuprofen 600mg, 1 tab by mouth 4 times per day as needed for pain. Take with food.” Order was not written on the Medication Administration Record (MAR). Bottle also had recently expired on April 17, 2020.</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>I have my medication sheet in the residents folder, Ibuprofen was written there, Next time I will put the medication sheet on the clipboard, I will make the habit of checking each medications expiration date as I give their medications.</p>	<p>6/5/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-15 <u>Medications</u>. (f) 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-“Ibuprofen 600mg, 1 tab by mouth 4 times per day as needed for pain. Take with food.” Order was not written on the Medication Administration Record (MAR). Bottle also had recently expired on April 17, 2020.</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 am making sure if there's any changes on the medication to carry it out right away, to write it on the medication sheet. I am using a colored stick on note to flag myself. I am putting my medication sheet on a clipboard to remind myself. I am checking medication daily for expiration dates.</p>	<p style="text-align: center;">4/18/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>. §11-100.1-15 Medications, (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p>FINDINGS: Resident #1- February 21, 2020 order read "DOK(Colace) 100mg capsule, 1 capsule by mouth two times daily as needed for constipation." On February 28, 2020, order was clarified with MD and changed to "Take 2 caps by mouth one time per day. Dose change for regularity, take daily." A notation was written that the order was clarified with MD and changed to PRN. However, neither order was written on the MAR. All orders should be written on the MAR immediately upon receiving them or when getting clarification.</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><i>I am checking each doctors orders after each doctors visit. Write order on the medication sheet; check doctors order for any specific instructions. If there are any changes on the order, I am correcting it right away and write it on the medication sheet.</i></p>	<p><i>4/28/20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p>FINDINGS: Resident #1- February 21, 2020 order read "DOK(Colace) 100mg capsule, 1 capsule by mouth two times daily as needed for constipation." On February 28, 2020, order was clarified with MD and changed to "Take 2 caps by mouth one time per day. Dose change for regularity, take daily." A notation was written that the order was clarified with MD and changed to PRN. However, neither order was written on the MAR. All orders should be written on the MAR immediately upon receiving them or when getting clarification.</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 style="text-align: center;">I am making sure order is written down on the medication sheet when there's changes. To write it on the medication sheet, I will flag myself to put on stick on note, to remind myself that there's changes on the medication and needed to be carried out right away.</p>	<p style="text-align: center;">4/28/20</p>

Licensee's/Administrator's Signature: Julie Castro
Print Name: Julie Castro
Date: 8/4/20

Licensee's/Administrator's Signature: Julie Castro
Print Name: Julie Castro
Date: 6/7/20

8/4/20
8/4/20