

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jerez Care Home	CHAPTER 100.1
Address: 24 Puukani Street, Kahului, Hawaii 96732	Inspection Date: February 25, 2021 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.

21
MAR 18 P1:30
STATE OF HAWAII
DOH-OHCA
STATE LICENSING

	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, no evidence of documentation for medications made available from the evening of 2/3/2021 to today.</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>	<p style="text-align: center;">21 MAR 18 P 1:30</p>

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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, no evidence of documentation for medications made available from the evening of 2/3/2021 to today.</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>In the future in order to ensure that this will not happen again, the caregiver:</i></p> <ol style="list-style-type: none"> ① <i>shall take out the medication record for each resident from the residents binder and keep in a place where she will sign/initial them after giving medications.</i> ② <i>shall sign/initial the medication record on the date, time, frequency and name of medication which was given to the resident.</i> ③ <i>shall put back the medication record immediately to the residents binder to avoid misplacement.</i> 	<p style="text-align: right;">21 MAR 18 P 1:30</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date

Licensee's/Administrator's Signature: *Leonora Jerez*

Print Name: LEONORA JEREZ

Date: 12 Februarynd 2021
March

21 MAR 18 P 1:30
 STATE OF HAWAII
 DOH-DHCA
 STATE LICENSING