

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Golden Age Health Care	CHAPTER 100.1
Address: 94-1141 Lumiauau Street, Waipahu, Hawaii 96797	Inspection Date: March 23, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

21 APR -6 AM 1:45

	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>FINDINGS Resident #1 – “Compro 25mg suppository unwrap and insert 1 suppository rectally every 12 hours as needed for nausea and vomiting (Compazine)” is listed on the medication administration record, however, no physician’s order is available.</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 called the client's physician to order Compro 25mg suppository unwrap and insert 1 suppository rectally every 12⁰ as needed for nausea and vomiting (Compazine) to substitute Zefran 4mg tablet give 1 tablet by mouth every 8 hours as needed for nausea and vomiting. 4/1/21</p>	<p style="text-align: center;">21 APR -6 AM 1:45</p>

STATE OF HAWAII
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legend - 12⁰ - 12 hours

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STATE OF HAWAII
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21 APR -6 AM 2:45

	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 – On 2/17/21 Physician ordered “Zofran 4mg tablet Give 1 table by mouth every 8 hours as needed for nausea and vomiting”, however, medication administration record does not list this medication as available.</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 style="text-align: center;">I called resident's physician to discontinue Zofran 4mg tab give 1 tablet by mouth every 8 hours as needed for nausea and vomiting because this was changed to Compro 25mg Suppository unwrap + insert 1 suppository rectally every 12 hours as needed for nausea vomiting (compazine)</p>	<p style="text-align: center;">4/1/21</p> <p style="text-align: center;">21 APR -6 AM 1:45</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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Licensee's/Administrator's Signature: *Marieta R. Picard*

Print Name: MARIETA R. PICARD

Date: 4/6/21

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