

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Home Away From Home	CHAPTER 100.1
Address: 1321 A Palolo Avenue, Honolulu, Hawaii 96816	Inspection Date: June 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
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	<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>1. A telephone order had been sent to the physician to be renewed and re-evaluated, discontinued orders have been obtained from the physician. (enclosed) 6/15/2020</p> <p>2. this deficiency is "after the fact" and cannot be corrected but, a future plan is in effect. 6/24/2020</p>	
<p>FINDINGS</p> <p>1. Resident #1 -</p> <ul style="list-style-type: none"> • "Acetaminophen 500mg 1 tab PO q 6 hrs PRN for pain/fever >100.4 degrees F ordered 6/12/19, however, medication not listed on medication administration record (MAR) from December 2019 to current. No discontinue orders available for review. • "Ibuprofen 400mg 1 tab PO q 6 hrs PRN for pain/fever >100.4 degrees F ordered 6/12/19, however, medication not listed on medication administration record (MAR) from October 2019 to current. No discontinue orders available for review. • "Tramadol HCL 50mg tab, 1 tab PO every 6 hours PRN for pain ordered 6/12/19, however, medication not listed on medication administration record (MAR) from October 2019 to current. No discontinue orders available for review. • "Ventolin HFA inhaler 2 puffs PO every 4 hours PRN for SOB" ordered 6/12/19, however, medication not listed on medication administration record (MAR) from October 2019 to current. No discontinue orders available for review. <p>2. Resident #1 - "Artificial Tears instill 1 drop into both eyes 3x/day PRN" ordered 2/11/20, however, medication is not listed on MAR as being available to resident.</p>		

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications: (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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> <ol style="list-style-type: none"> To prevent this deficiency from happening again, I have started using a check list to remind me of the medications that need to be updated and reviewed at every quarterly visit by the Resident's Physician. The check list is with the Resident's appointment calendar as an accessible means for the Staff's Reminder. CHD will be accompanying the Resident and family member to each quarterly Physician's appointment so that the medication review is not overlooked again. 	<p style="text-align: right;">7/28/2020</p>
<input type="checkbox"/> §11-100.1-15 Medications: (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	<p>FINDINGS</p> <p>1. Resident #1 -</p> <ul style="list-style-type: none"> "Acetaminophen 500mg 1 tab PO q 6 hrs PRN for pain/fever >100.4 degrees F ordered 6/12/19, however, medication not listed on medication administration record (MAR) from December 2019 to current. No discontinue orders available for review. "Ibuprofen 400mg 1 tab PO q 6 hrs PRN for pain/fever >100.4 degrees F ordered 6/12/19, however, medication not listed on medication administration record (MAR) from October 2019 to current. No discontinue orders available for review. "Tramadol HCL 50mg tab, 1 tab PO every 6 hours PRN for pain ordered 6/12/19, however, medication not listed on medication administration record (MAR) from October 2019 to current. No discontinue orders available for review. "Ventoin HFA inhaler 2 puffs PO every 4 hours PRN for SOB" ordered 6/12/19, however, medication not listed on medication administration record (MAR) from October 2019 to current. No discontinue orders available for review. <p>2. Resident #1 - "Artificial Tears instill 1 drop into both eyes 3x/day PRN" ordered 2/11/20, however, medication is not listed on MAR as being available to resident.</p>	

2. Artificial Tears -

Future Plan.

To prevent this deficiency from happening again in the future, I will take the Medication Record (MAR) with me to each Resident's medical appointment.

The medication order(s) will be recorded into the MAR as the Physician prescribes

7/28/2020

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. FINDINGS Resident #1 - There was no documentation available to show that the following medications were reevaluated by a physician every 4 months: <ul style="list-style-type: none"> • Celecoxib 200mg 1 cap PO daily (most current order dated 6/12/19) • Paroxetine HCL 10mg 1 tab PO daily (most current order dated 11/1/19) • Esomeprazole magnesium DR 40mg PO daily @ least one hour before meal (most current order dated 6/12/19) • Calcium 500 Vit D3 400 gummies chew 2x/day (most current order dated 6/12/19) • Cephalixin 500mg 1 cap by mouth daily (most current order dated 6/12/19) • Atorvastatin calcium 10mg 1 dab PO daily (most current order dated 6/12/19) • Latanoprost 0.005% 1 drop in both eyes q HS (most current order dated 6/12/19) • Premarin cream insert 0.5grams into vagina twice weekly (ordered 6/12/19 then again on 2/25/20) • Fluticasone 50mcg spray, spray 2 sprays into both nostrils daily. Rinse mouth after use. (most current order dated 6/12/19) 	<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>All of the meds were listed and a telephone order was sent to the respective physician for his/her review. And signed. Copies are enclosed</i></p>	<p><i>6/29/20</i></p>

Completion Date	PLAN OF CORRECTION
<p><input checked="" type="checkbox"/> §11-100.1-15 <u>Medications. (g)</u> All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 - There was no documentation available to show that the following medications were reevaluated by a physician every 4 months:</p> <ul style="list-style-type: none"> • Celecoxib 200mg 1 cap PO daily (most current order dated 6/12/19) • Paroxetine HCL 10mg 1 tab PO daily (most current order dated 11/1/19) • Esomeprazole magnesium DR 40mg PO daily @ least one hour before meal (most current order dated 6/12/19) • Calcium 500 Vit D3 400 gummies chew 2x/day (most current order dated 6/12/19) • Cephalixin 500mg 1 cap by mouth daily (most current order dated 6/12/19) • Atorvastatin calcium 10mg 1 dab PO daily (most current order dated 6/12/19) • Latanoprost 0.005% 1 drop in both eyes q HS (most current order dated 6/12/19) • Premarin cream insert 0.5grams into vagina twice weekly (ordered 6/12/19 then again on 2/25/20) • Fluticasone 50mcg spray, spray 2 sprays into both nostrils daily. Rinse mouth after use. (most current order dated 6/12/19) 	<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> <p><i>Effective today and in the future, all meds will be reviewed and signed by the physician</i></p> <p><i>If the resident does not have a PE Scheduled a telephone order for medication review will be faxed to the M.D</i></p> <p><i>CHO Will double-check that all meds will be reviewed in a timely manner as ordered using the check list</i></p>

Licensee's/Administrator's Signature:

Emilia P. Arellano, CTO

Print Name:

Emilia P. Arellano, CTO

Date:

July 7, 2020

15x

Licensee's/Administrator's Signature:

Emilia P. Arellano

Print Name:

Emilia P. Arellano

Date:

7/28/2020