

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Evelyn's	CHAPTER 100.1
Address: 94-824 Kumukula Street Waipahu, Hawaii 96797	Inspection Date: July 14, 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-DHCA
STATE LICENSING

21 JUL 21 P3:30

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – “Risperidone 1mg one tab by mouth QHS” was not initialed as given on the medication administration record (MAR) from 2/4/21 to 2/28/21.</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>Medication record was updated to reflect that the resident did receive the medication.</i></p>	<p style="text-align: center;"><i>7/14/21</i></p> <p style="text-align: right;">21 JUL 21 P3:30</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Resident had dental procedure on 9/23/20, aspirin was held from 9/16/20 to 9/24/20 per doctor's order, however, no progress notes are available regarding resident's response to the procedure as well as the holding of the aspirin prior to procedure.</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>I have written a late entry prog. notes for resident response to dental procedure + the withholding the aspirin as ordered by physician.</i></p>	<p style="text-align: right;"><i>7/14/21</i></p> <p style="text-align: right;">21 JUL 21 P3:30</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DDB-CHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Resident had dental procedure on 9/23/20, aspirin was held from 9/16/20 to 9/24/20 per doctor's order, however, no progress notes are available regarding resident's response to the procedure as well as the holding of the aspirin prior to procedure.</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>From now on, My new procedure is to include prog. notes following all residents appts. + procedures. I have printed a large copy of 17b3 + have included it in resident prog. notes tab. I will refer to this page as a reminder of what should be included in prog. notes. Photocopy 11-100.1-17.</i></p>	<p style="text-align: right;"><i>7/14/21</i></p> <p style="text-align: right;">21 JUL 21 03:30</p>

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

Licensee's/Administrator's Signature: Evelyn Paco

Print Name: EVELYN PACO

Date: 7/14/21

STATE OF HAWAII
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21 JUL 21 P 3:30