

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: RMJ Adult Care Home Inc.	CHAPTER 100.1
Address: 94-1048 Awalai Street, Waipahu, Hawaii 96797	Inspection Date: March 3, 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.

STATE OF HAWAII
DOH-ONCA
STATE LICENSING


21 MAR 31 P 2:53

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) 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>Primary Care Giver called doctor's office to get an order to discontinue dulcolax suppository, enema, and milk of Magnesia. After an hour received a physician ordered to discontinue all these medicines from dated dated March 4, 2021. Filed in the resident's binder/chart.</p>	<p style="text-align: right;">3/4/21</p> <p style="text-align: right;">B. Harris</p>

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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> <p>PCs will double check all medication brought to the Arch with the medication orders upon admission. It will clarify with the PCP if the PRN medications are needed or not and if not, get a discontinue order.</p>	<p style="text-align: right;">Pharmacist</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. FINDINGS Resident #1 - "Lidocaine 5% (700mg/patch) Apply 1 patch to affected area daily as needed for pain. Leave for up to 12 hours within a 24 hour period" ordered 10/20/20. The label noted: "Lidocaine patch 5% Apply 1 patch to right side of neck and 1 patch to right flank (12 hours on 12 hours off).	<p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">PART 1</p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p> Primary care giver called primary care physician's office to correct the prescription order in the label due to incorrect label in the medication received from Pharmacy. As per PCP she called Walgreens Pharmacy to correct the label to match the medication record. Pick-up now label to the Pharmacy today 1/14/2021. </p>	<p align="right">3/14/2021</p> <p align="right">  Pharmacist </p>

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RECEIVED
JUN 10 2021

Licensee's/Administrator's Signature:

PRADO

Print Name:

MARCEL ROSARIO

Date:

3/29/2021

Licensee's/Administrator's Signature:

PRADO / RMT ADULT CARE HOME INC.

Print Name:

MARCEL C. ROSARIO

Date:

June 9, 2021

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