

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Josephine Cabal</b>	<b>CHAPTER 100.1</b>
<b>Address: 2322 Awapuhi Street, Hilo, Hawaii 96720</b>	<b>Inspection Date: May 11, 2021 – Annual</b>

**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"/>	<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><b><u>FINDINGS</u></b> Resident #1 – admitted on 04-30-21, April and May 2021 medication record read:</p> <ul style="list-style-type: none"> <li>• “Mirtazapine tablet 7.5 mg Directions: Give 1 tablet by mouth at bedtime for poor PO intake”</li> <li>• “Metoprolol Tartrate tablet 25 mg Directions: Give 25 mg by mouth two times a day for hypertension, tachycardia, Hold for SBP &lt;100, HR &lt;60”</li> <li>• “Vitamin D – 400 tablet Directions: Give 400 unit by mouth one time a day for supplement”</li> <li>• “Multivitamin Tablet Directions: Give 1 tablet by mouth one time a day for malnutrition”</li> </ul> <p>However, medication list was not signed by a physician/APRN.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>YES, THE CLARIFICATION ORDER WAS OBTAINED AND SIGNED BY DR. CAPATI, THEIR PHYSICIAN AT HELEANUENUE RESTORATIVE LIFE CARE CENTER.</i></p>	<p style="text-align: right;"><i>5/12/2021</i></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> (a)(4)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – admitted 04-30-21, two (2) step tuberculosis (TB) skin test did not clearly indicate date of administration and date of reading.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>YES, I OBTAINED A COPY OF THE ORIGINAL RECORDS THAT INDICATES A DATE OF ADMINISTRATION AND THE DATE OF READING FROM HALBANDENBURG RESTORATIVE LIFE CARE CENTER.</i></p>	<p style="text-align: right;"><i>5/12/2021</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(4)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Water supply. Hot and cold water shall be readily available to residents for personal washing purposes. Temperature of hot water at plumbing fixtures used by residents shall be regulated and maintained within the range of 100°-120°F.</p> <p><b><u>FINDINGS</u></b>  Hot water temperature - 124°F.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>YES, CALL SOMEONE TO ADJUST THE TEMPERATURE OF THE HEATER.</i></p>	<p style="text-align: center;"><i>5/12/2021</i></p>

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Licensee's/Administrator's Signature: Joseph V. Catal

Print Name: JOSEPHINE V. CATAL

Date: 05/15/2021