

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Corpuz	CHAPTER 89
Address: 99-226 Ohehena Place, Aiea, Hawaii 96701	Inspection Date: March 17, 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.**

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Completion Date	PLAN OF CORRECTION
3/24/21	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><b>11-89-14 RESIDENT HEALTH AND SAFETY STANDARDS (S)(R)</b></p> <p><b>MEDICATIONS:</b></p> <p><b>BACITRACIN SOO LINT/G M OINTMENT</b></p> <p><b>PRN PER PMD ORDER ON 6/12/20</b></p> <p><b>TILL NOW IS WRITTEN ON THE MEDICATION ADMINISTRATION RECORD UNDER THE TREATMENT RECORD FROM 6/12/20 TO PRESENT TO TO MATCH WITH THE PMD NOTES/ ORDER AND THE 90-DAY UPDATES.</b></p>

**RULES (CRITERIA)**

§11-89-14 Resident health and safety standards, (e)(12) Medications:

All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.

**FINDINGS**

Resident #1 - Physician ordered Bacitracin ointment PRN on 6/12/2020 and continued to current. The medication was not listed in medication administration record (MAR).

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
8/11/21	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>11-89-14 RESIDENT HEALTH AND SAFETY STANDARDS. (S)(2)</p> <p>MEDICATIONS:</p> <p>FOR FUTURE PLANS I WILL WRITE NOTES ON MY REMINDER NOTE BOOK AND ALSO POST IT ON THE REFRIGERATOR DOOR THE THINGS I NEED TO DO. IN APPLICATION, I WILL ASK MY SUBSTITUTE CAREGIVER TO DOUBLE CHECK IF EVERYTHING IS DONE CORRECTLY TO AVOID IN HAPPENING AGAIN.</p>	<p><input checked="" type="checkbox"/> §11-89-14 Resident health and safety standards. (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b>FINDINGS</b></p> <p>Resident #1 - Physician ordered Bacitracin ointment PRN on 6/12/2020 and continued to current. The medication was not listed in medication administration record (MAR).</p>

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STATE OF HAWAII  
DEPARTMENT OF HEALTH  
NURSING LICENSING

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
3/24/21	<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>11-89-16 ADMISSION POLICIES. (b)(2)  INDIVIDUALIZED SERVICE PLAN DATED SEPT. 23, 2020 WAS RECEIVED AND FILED ON THE RESIDENTS FOLDER ON MARCH 19, 2021 AFTER FOLLOWING UP WITH DOH CASE MANAGER ON 3/17/21 RIGHT AFTER DOH INSPECTOR LEFT.</p>	<p><b>RULES (CRITERIA)</b></p> <p>§11-89-16 Admission policies. (b)(2)  The caregiver shall coordinate with the division for screening, placement, and case management prior to admission.</p> <p>All individual plans shall be monitored and revised at least annually and as necessary by the case manager.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - No current individualized service plan (ISP) on file. The most recent ISP available was dated 9/24/2019.</p>

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Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
3/24/21	<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>11-89-16 ADMISSION POLICIES (b)(7)</p> <p>REMINDER NOTES WILL BE ON MY CALENDAR AND ON CAREGIVER NOTES UNTIL RECEIVED TO MAKE SURE THAT I HAVE BEEN FOLLOWING UP CONSTANTLY AND PREVENT FROM HAPPENING AGAIN IN THE FUTURE</p>	<p><input checked="" type="checkbox"/> §11-89-16 Admission policies. (b)(2) The caregiver shall coordinate with the division for screening, placement, and case management prior to admission.</p> <p>All individual plans shall be monitored and revised at least annually and as necessary by the case manager.</p> <p><b>FINDINGS</b> Resident #1 - No current individualized service plan (ISP) on file. The most recent ISP available was dated 9/24/2019.</p>

Licensee's/Administrator's Signature: Pacita G. Corojan

Print Name: PACITA G. COROJAN

Date: MARCH 29, 2021

Licensee's/Administrator's Signature: Pacita G. Corojan

Print Name: PACITA G. COROJAN

Date: 11/8/21

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