

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Blue Ocean Care Home	<b>CHAPTER 100.1</b>
<b>Address:</b> 91-1030 Keoneae Place, Ewa Beach, Hawaii 96706	<b>Inspection Date:</b> March 6, 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 PART I	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.  <b>FINDINGS</b> Substitute Care Giver #1 and Household Member #1 – No annual tuberculosis clearance.	<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>I got the doctor's note as proof of a prior positive tuberculin skin test, for substitute care giver #1. If reflects substitute care giver #1 had positive PPD skin test, on 01/15/2017, also no evidence of tuberculosis on chest x-ray that was ordered, on 01/23/2017. Substitute care giver #1 gave me TB Document F: state of Hawaii TB clearance form.</p> <p>Household member #1 get skin TB test date and result. Also Household member #1 get TB Document F: state of Hawaii TB clearance form.</p>	<p style="text-align: right;">4/20/2020</p> <p style="text-align: right;">March 7 2020</p>

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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.  <b>FINDINGS</b> Resident #1 – Multiple medications (Melatonin, Miralax, and Tylenol) without specific dosages in medication orders.	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></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>For resident #1 I got doctor's phone order on March 9 2020 from resident #1's primary doctor.</p> <ol style="list-style-type: none"> <li>1. Melatonin ? Melatonin 3mg = 1ml = 30 Drops              x2 / Take 6mg = 2ml = 60 Drops              By syringe at bed time.</li> <li>2. Miralax ? Miralax is discontinued on Feb 06, 2020.</li> <li>3. Tylenol : children's pain &amp; fever relief Acetaminophen 160mg / 5ml pain reliever; fever reducer / Take 10 to 20ml by syringe every 6 hours as needed.</li> </ol> <p>And I'll get physician's signature for these medications, during next scheduled appointment.            I'm sorry, it will not happen again.</p>	3/9/2020

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:  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;  <u>FINDINGS</u> Resident #1 – Monthly progress notes do not include observations of the resident's response to medications and diet.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:  All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.  <u>FINDINGS</u> Resident #1 – Emergency information sheet medications not up-to-date and doesn't accurately reflect resident's mobility status and diagnoses.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>For resident #1,            I updated Emergency Information sheet to include medications up-to-date (dosage, frequency, route), mobility status (bedbound), and diagnoses (Parkinson, Hyperlipidemia, osteoporosis, G-tube).</p>	<p style="text-align: center;">March 9 2010</p>



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Licensee's/Administrator's Signature: J. Kimo

Print Name: Kimo Saikyang

Date: 3/12/2020

Licensee's/Administrator's Signature: J. Kimo

Print Name: Kimo Saikyang

Date: 4/27/2020