

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Eden Lei's	CHAPTER 100.1
Address: 94-1095 Lumiaina Street, Waipahu, Hawaii 96797	Inspection Date: April 14, 2022 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.**

RECEIVED  
APR 29 2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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> <p><b>FINDINGS</b> Resident #1</p> <ul style="list-style-type: none"> <li>- Medication administration record (MAR) lists "Tobradex oph 1 drop daily in each eye, however, there is no physician's order for this medication.</li> <li>- "Calcium gummies 500mg 2 gummies PO daily with meal" discontinued by Physician on 4/15/21, however, per PCG, resident is still taking this supplement.</li> <li>- On 11/3/21 Physician ordered "Nystatin top 100,000 units/g cream 1 application applied topically 2 times a day for redness and itchiness", however, resident is currently receiving "Thera antifungal body powder". No documented evidence of order change.</li> </ul>	<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>① will make a list, to double check if there is DR order.</p> <p>② Calcium gummies DR DC 04/15/21 Family would like me to continue — will ask DR order to continue</p> <p>③ 11/03/21 Dr Ordered Nystatin DC 12/04/21 made a note to get DC order New order for Thera Antifungal body powder 04/14/22</p>	<p>4/27/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b> Resident #1 - "Calcium gummies 500mg 2 gummies PO daily with meal" discontinued by Physician on 4/15/21, however, per PCG, resident is still taking this supplement. <b>This supplement is not being recorded on the MAR.</b></p> <p>- On 11/3/21 Physician ordered "Nystatin top 100,000 units/g cream 1 application applied topically 2 times a day for redness and itchiness", however, resident is currently receiving "Thera antifungal body powder". No documented evidence of order change. <b>This medication is not being recorded on the MAR.</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>Calcium gummies will no longer get taken by resident 4/14/22 Thera Antifungal body powder was started its already included in the MAR</p>	<p>4/27/22 ✓</p> <p style="text-align: right;">22 JUL 27 11:17 STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES</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)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b> Resident #1 – There is no documented evidence of dates and description of visits made by the Bristol Hospice team.</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;">PROVIDED SIGN IN PAPERS FOR Bristol Hospice Team, for them to document evidence, dates of their visits</p>	<p style="text-align: center;">4/27/22</p> <p style="text-align: right;">22 APR 29 08:10</p>

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Licensee's/Administrator's Signature: Editha L. Galacgac

Print Name: Editha L. Galacgac

Date: 4/27/22

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