

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Nita's Quality Home Care Services	CHAPTER 100.1
Address: 1533 Ala Iolani Place, Honolulu, Hawaii 96819	Inspection Date: June 7, 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.

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

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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)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 –</p> <ul style="list-style-type: none"> • Both Colchicine and Albuterol PRNs were used frequently in January of 2022, however, progress notes do not include circumstances surrounding need for the PRNs. • “Colchicine 0.6mg 1 tab BID PRN” was discontinued on 4/18/22, however, progress notes do not include reason medication was discontinued. 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 –</p> <ul style="list-style-type: none"> Both Colchicine and Albuterol PRNs were used frequently in January of 2022, however, progress notes do not include circumstances surrounding need for the PRNs. "Colchicine 0.6mg 1 tab BID PRN" was discontinued on 4/18/22, however, progress notes do not include reason medication was discontinued. 	<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><i>In order to prevent this deficiency from occurring again in the future, I have implemented a chart that I will use to document all PRN meds given. The chart also include a column reminding me to document the PRN in the residents' progress note. I will refer to this chart each time I give PRN meds.</i></p>	<p>9/7/22</p>

Licensee's/Administrator's Signature: Cristina Salvador
Print Name: Cristina Salvador
Date: 6/6/22

STATE OF KANSAS
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STATE LICENSING

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Licensee's/Administrator's Signature: Cionita Salvador

Print Name: Cionita Salvador

Date: 9/7/22

STATE OF CALIFORNIA
DEPARTMENT OF REVENUE
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