

Office of Health Care Assurance

22 OCT -5 P 3:41

State Licensing Section

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING SECTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Yolanda Razon-Collo	CHAPTER 100.1
Address: 4345 Likini Street Honolulu, Hawaii 96818	Inspection Date: July 21, 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.

	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><u>FINDINGS</u> Resident #1 – “Lisinopril 10mg take one (1) tab PO QD. Hold if SBP < 100” was renewed on 6/9/21, however:</p> <ul style="list-style-type: none"> • From 7/9/21 to 7/31/21 the medication administration record (MAR) does not have record of resident’s blood pressure nor is there any indication that medication was taken, held, or refused. • From 8/1/21 to 8/31/21 the blood pressure is recorded, however, there is no indication that medication was taken, held, or refused. • From 9/1/21 to 9/13/21 neither blood pressure nor indication that medication was taken, held, or refused. 	<p>PART I</p> <p>STATE OF MARYLAND BOARD OF APPLICANTS STATE LICENSES</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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☒	<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>FINDINGS Resident #1 – "Lisinopril 10mg take one (1) tab PO QD. Hold if SBP < 100" was renewed on 6/9/21, however:</p> <ul style="list-style-type: none"> • From 7/9/21 to 7/31/21 the medication administration record (MAR) does not have record of resident's blood pressure nor is there any indication that medication was taken, held, or refused. • From 8/1/21 to 8/31/21 the blood pressure is recorded, however, there is no indication that medication was taken, held, or refused. • From 9/1/21 to 9/13/21 neither blood pressure nor indication that medication was taken, held, or refused. 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: right; font-size: small;">STATE OF VA DEPT. OF PSYCH STATE HOSPITAL</p> <p style="text-align: right; font-size: small;">'22 OCT -5</p> <p style="font-size: x-large; font-family: cursive;">All medication's that's been given to resident should be recorded ^{and signed} to MAR as soon as the meds have been given so that you won't forget.</p> <hr/> <p style="font-size: x-large; font-family: cursive;">I have secured a note onto the front of the medication cabinet door that says "Document all medications immediately after administering" as a reminder to ensure this does not happen again in the future</p>	<p style="text-align: right; font-size: x-large; font-family: cursive;">7/26/22</p> <hr/> <p style="text-align: right; font-size: x-large; font-family: cursive;">10/5/22</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1 – Resident was admitted to Island Hospice on 9/13/21. The MAR lists the following hospice medications without signed physician/APRN's signature:</p> <ul style="list-style-type: none"> • Acetaminophen 650mg sup. insert 1 sup rectally Q4 hours as needed for pain / fever. • Bisacodyl 10mg sup. Insert 1 sup rectally daily as needed if no BM for three (3) days for constipation. • Lorazepam 1mg tab. Give 1 tab PO as needed for anxiety/agitation. • Morphine Sulfate 100mg/5ml. Give 1ml Q 1 hour as needed for severe pain/SOB. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>A resident should have a written ^{from doctor} order of medications upon admission to the hospice to match the recorded medication's on the MAR.</i></p> <p><i>Yes I corrected the deficiency. I called the nurse to get a copy of the order upon ^{last} admission.</i></p>	<p><i>7/26/22</i></p> <p><i>7/22/22</i></p>

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	<p>§11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Resident was admitted to Island Hospice on 9/13/21. The MAR lists the following hospice medications without signed physician/APRN's signature:</p> <ul style="list-style-type: none"> • Acetaminophen 650mg sup. insert 1 sup rectally Q4 hours as needed for pain / fever. • Bisacodyl 10mg sup. Insert 1 sup rectally daily as needed if no BM for three (3) days for constipation. • Lorazepam 1mg tab. Give 1 tab PO as needed for anxiety/agitation. • Morphine Sulfate 100mg/5ml. Give 1ml Q 1 hour as needed for severe pain/SOB. 	<p style="text-align: right;">'22 OCT -5 P3:41</p> <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">STATE ARCHIVE DEPT. OF CORRECTIONS STATE LAW ENFORCEMENT</p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>A resident should have a written order of medications from the doctor upon admission to the Hospice to match the medication's that was recorded on the MAR.</p> <hr/> <p>I have added a hospice admission section on my admission checklist that now includes getting signed physician's orders for hospice medications as a reminder to ensure this does not happen in the future.</p>	<p>7/26/22</p> <p>10/5/22</p>

Licensee's/Administrator's Signature: *Richard R. Collo*
 Print Name: Richard R. Collo
 Date: 7-20-22

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