

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Billena, Mathilda	CHAPTER 100.1
<b>Address:</b> 94-1169 Limahana Street, Waipahu, Hawaii 96797	<b>Inspection Date:</b> November 18, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING

NOV 29 09:24 '21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p><b>§11-100.1-15 Medications. (f)</b>  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>FINDINGS</b>  Resident #1 - Physician ordered "Latuda 40mg 1 tab PO PRN voices" and Clonazepam 0.5mg tab, 1 tab qAM and 1 tab PRN for anxiety." No as needed (PRN) indication for aforementioned medications on medication administration record (MAR).</p> <p style="text-align: right;">STATE OF HAWAII  DOH-ORCA  STATE LICENSING</p> <p style="text-align: right;">21 NOV 29 A9:24</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="font-size: 1.2em;">I have filled in the reason for PRN Medication on the MAR's log</p>	<p style="font-size: 1.5em;">11/23/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p><b>§11-100.1-15 Medications (f)</b> 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>FINDINGS</b> Resident #1 - Physician ordered "Latuda 40mg 1 tab PO PRN voices" and Clonazepam 0.5mg tab, 1 tab qAM and 1 tab PRN for anxiety." No PRN indication for aforementioned medications on MAR.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING 21 NOV 29 A 9 24</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></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>Future Plan is to create a Checklist on the MAR's flowsheet to ensure all required information is listed.</p>	<p>11/23/2021</p>

Licensee's/Administrator's Signature: Mathilda O. Billena

21 NOV 29 09:28

Print Name: MATHILDA O. BILLENA

STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING

Date: 11/23/2021

