## Office of Health Care Assurance

## State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Billena, Mathilda	CHAPTER 100.1
Address: 94-1169 Limahana Street, Waipahu, Hawaii 96797	Inspection Date: 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.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$11-100.1-15 Medications. (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.  FINDINGS 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).	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  I have filled in the reason for PRN Medication the MAR's log	11/23
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1	mane, name of the medication, framency, time, date and by	PUTURE PLAN	lilas Is
1 .	whom the medication was made available to the resident.	LICE THE GRACE	11/23/202
	FINDINGS Resident #1 - Physician ordered "Latuda 40mg   tab PO	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
***	PRN voices" and Clonazepam 0.5mg tab, 1 tab qAM and 1 tab PRN for amoiety." No PRN indication for aforementioned medications on MAR.	Future Plan is to create a	
		Checklist on the MAR's Howsh	
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	Company of the Compan	15 listed.	
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Licensee's/Administrator	's Signature:	Mathilla 0.181		lleva	
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STATE OF HAWAII DOH-OHOA STATE LIGENSING	Date:	11/23/2	02/		