

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|  |   |
|--|---|
| <b>Facility's Name: Bautista, Dolores</b>                      | <b>CHAPTER 100.1</b>                            |
| <b>Address:<br/>1939 Waikahe Place, Honolulu, Hawaii 96819</b> | <b>Inspection Date: February 1, 2023 Annual</b> |

**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.**

|                                     | <b>RULES (CRITERIA)</b>  | <b>PLAN OF CORRECTION</b>  | <b>Completion Date</b> |
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| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications</u>. (e)<br/>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 - Physician discontinued “Ferrous sulfate 324mg tablet, one tablet by mouth every other day, take with ascorbic acid” &amp; “Ascorbic acid 250mg tablet, one tablet by mouth every other day, take with ferrous sulfate” on 1/25/2022. Observed on October 2022 - January 2023 medication administration record (MAR), the aforementioned medications were administered to resident. No documented evidence of physician order to resume aforementioned medications.</p> | <p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> |                        |

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Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_