

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Reyes Care Home	CHAPTER 100.1
Address: 94-931 Lumihoahu Street, Waipahu, HI 96797	Inspection Date: October 15, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE LICENSING  
DIVISION  
STATE OF HAWAII

21 DEC 30 PM 2:29

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (f)</u>  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><u>FINDINGS</u></b>  Resident #1 – Medication Seroquel 400mg listed on Medication Administration Record (MAR) and medication Quetiapine 400mg is also listed on the MAR. They are the same medicine, however 4 medicine bottles in medication bin. All of the months previous MAR are correct and only October 2021 is incorrect.</p> <p style="text-align: right;">STATE OF HAWAII  STATE LICENSING  DEC 30 12:29 PM '21</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="text-align: center;">DOCTORS ORDER RECHECKED AGAINST MAR -  incorrect entries corrected and noted.</p>	<p style="text-align: right;">10/16/2021</p>

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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> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b> Resident register not completed. One resident's discharge is blank.</p> <p style="text-align: right;">STATE OF HAWAII STATE LICENSING DEC 30 12:29 '21</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="text-align: center;"><i>Entered previous missing discharge information</i></p>	<p style="text-align: center;"><i>10/16/2021</i></p>

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Licensee's/Administrator's Signature: LORAZON REYES

Print Name: LORAZON REYES

Date: 12-28-21

STATE OF HAWAII  
DPM-REG  
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