

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bautista, Dolores	CHAPTER 100.1
Address: 1939 Waikaha Place, Honolulu, Hawaii 96819	Inspection Date: February 1, 2023 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 LICENSING SECTION
FEB 04 10:35

	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 - Physician discontinued "Ferrous sulfate 324mg tablet, one tablet by mouth every other day, take with ascorbic acid" & "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 MAR, the aforementioned medications were administered to resident. No documented evidence of physician order to resume aforementioned medications.</p>	<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>Prior to the yearly inspection, I will make sure that the discontinued medication has been removed from the MAR and make sure the resident is not taking it anymore. I'll have my substitute double check that medications are updated and discontinued medications are not administered anymore. And to obtain from physician an updated medicine order and place it in the MAR.</p>	<p style="text-align: center;">2/1/23</p> <p style="text-align: right;">23 FEB 14 MON 06</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Observed a bottle of "Nitroglycerin 0.4mg" sublingual tablets unsecured and unlabeled in facility's First Aid kit.</p>	<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>The bottle of Nitroglycerin 0.4 mg. has been secured and labeled and is in the First Aid kit.</p>	<p style="text-align: center;">2/01/23</p> <p style="text-align: center;">23 FEB 14 AM 0:36</p> <p style="text-align: center;">STATE OF MICHIGAN DEPARTMENT OF SOCIETY SERVICES STATE LIAISON</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident #1 – Observed “Dextran 70/Glycer 0.2%/Hypromel 0.3%” ophthalmic drops unsecured in resident room. In addition, observed “Blink Contacts” lubricating eye drops unlabeled and unsecured in resident room.</p>	<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>The ophthalmic drops has been removed from the resident's room and placed in the medic medicine cabinet. The “Blink Contacts” lubricating eye drops has been removed from the resident's room. It has been labeled and placed in the medicine cabinet upstairs.</p>	<p style="text-align: right;">2/01/23</p> <p style="text-align: right;">'23 FEB 14 AM 0:36</p> <p style="text-align: center;">STATE OF MAINE DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 – Observed “Dextran 70/Glycer 0.2%/Hypromel 0.3%” ophthalmic drops unsecured in resident room. In addition, observed “Blink Contacts” lubricating eye drops unlabeled and unsecured in resident room.</p>	<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>I will check every day the resident's room that there are no medications in there and are placed in the medicine cabinet and make sure that the medication is labeled and have my substitute double check that there are no medications in the room and are labeled.</p>	<p style="text-align: right;">2/01/23</p> <p style="text-align: right;">23 FEB 14 AM 0:36</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Physician discontinued "Ferrous sulfate 324mg tablet, one tablet by mouth every other day, take with ascorbic acid," on 1/25/2022. Observed medication bottle in resident's medication bin.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The Ferrous sulfate 324 mg. has been removed from the resident's medication bin.</p>	<p>2/1/23</p> <p>23 FEB 14 10:36</p> <p>STATE OF IOWA DEPARTMENT OF PUBLIC SAFETY DIVISION OF INSPECTION</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS Resident #1 - Physician discontinued "Ferrous sulfate 324mg tablet, one tablet by mouth every other day, take with ascorbic acid" & "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 MAR, the aforementioned medications were administered to resident.</p>	<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 style="text-align: center;"><i>The ferrous sulfate 325mg. has been discontinued administering to resident and removed from MAR for administration.</i></p>	<p style="text-align: center;"><i>2/10/23</i></p> <p style="text-align: center;">23 FEB 14 10:36</p> <p style="text-align: center;">STATE LICENSING</p>

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Licensee's/Administrator's Signature: Dolores C. Bautista

Print Name: DOLORES C. BAUTISTA

Date: 2/08/2023

23 FEB 14 NO 36
STATE OF IOWA
DEPT OF IA
STATE LICENSING