

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cabingabang Care Home  DELIA D. CABINGABANG LLC.	CHAPTER 100.1
Address: 94-1121 Waipahu Street, Waipahu, Hawaii 96797	Inspection Date: July 25, 2022 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  
DEPARTMENT OF  
STATE LICENSING

22  
AUG 22 P2:02

	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><b><u>FINDINGS</u></b>  Resident #1 – Medication order for Benztropine = <u>1 mg</u> orally twice daily. Medication administration record = Benztropine <u>10 mg</u> orally qam and qhs. Medication doses do not match.</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>→ YES DEFICIENCY HAD BEEN CORRECTED.</p> <p>→ 10mg CROSSED OUT CHANGED TO 1mg IN JAMES CHARLES MED SHEET AND INITIALED</p> <p>→ AUGUST IS DONE..</p>	<p style="text-align: right;">08/18/22</p> <p style="text-align: right;">22 AUG 22 P 2:02</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DHF-SDA  STATE LICENSING</p>

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☒	<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><u>FINDINGS</u>  Resident #1 – Medication order for Benztropine = <u>1 mg</u> orally twice daily. Medication administration record = Benztropine <u>10 mg</u> orally qam and qhs. Medication doses do not match.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>EVERY MONTH I WILL REVIEW ALL RESIDENTS MEDICATION ORDERS, LABELS AND MEDICATION FORM TO ENSURE MATCHING AND ACCURACY</p>	<p style="text-align: right;">08/18/22</p> <p style="text-align: right;">22 AUG 22 P2:02</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND  DEPARTMENT OF  STATE LICENSING</p>

Licensee's/Administrator's Signature: Delia D Cabingabang

Print Name: DELIA D. CABINGABANG

Date: 08/18/22

22 AUG 22 P 2:02  
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DEPARTMENT OF  
STATE LICENSING