

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rosana Dumlao	CHAPTER 100.1
Address: 94-871 Awanei Street, Waipahu, Hawaii 96797	Inspection Date: February 4, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (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.</p> <p><u>FINDINGS</u> Resident #1 - Physician ordered "Polyethylene glycol 17gm, dissolve in 8oz of water or juice PRN daily" and "Cepacol lozenge, dissolve 1 slowly in mouth, repeat every 2 hours PRN." No indication of as needed (PRN) medication on physician order or medication administration record (MAR).</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>Resident # 1</p> <p>- Polyethylene glycol 17 gm dissolve in 8oz of water or juice PRN daily was corrected in Medication Record as for constipation - 2-4-22</p> <p>- Cepacol lozenges dissolve 1 slowly in mouth, repeat every 2 hours PRN was corrected in medication Record as for sore throat - 2-4-22</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><u>FINDINGS</u> Resident #1 – Observed the following expired medications in resident's bin:</p> <ul style="list-style-type: none"> • "Acetaminophen 325mg, 2 tabs every 4 hours PRN pain & fever," expired 11/2020 • "Fluticazone spray 50mg, 2 sprays in each nostril every 4 hours PRN nasal congestion," expired 4/2021 • "Cepacol lozenge, dissolve 1 slowly in mouth, repeat every 2 hours PRN," expired 4/2021 • "Bengay Ultra Strength, apply topically every day PRN muscle & joint pain," expired 7/2020 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future all residents medications especially PRN's everytime I call for refill to the pharmacy I make sure to check the expiration date of all medications and call the Dr for new refill if the medicine expires or expired. my at substitute caregiver will double check the newly refilled medication to make sure no expired medication and will have to check it every month.</p>	<p>2-4-22 3-25-22</p>

APR 27 2022

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Licensee's/Administrator's Signature: Rosana Dumlad

Print Name: ROSANA Dumlao

Date: 4-27-22

Licensee's/Administrator's Signature: Rosana Dumlad

Print Name: ROSANA DUMLAD

Date: 3-25-22

Licensee's/Administrator's Signature: Rosana Dumlad

Print Name: ROSANA DUMLAD

Date: 2-17-22

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