

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Marrhey Care Home, LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-211 Loa Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: April 24, 2023 Annual</b>

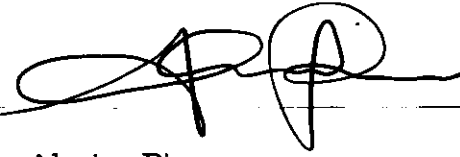
**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**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.**

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (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.  <b><u>FINDINGS</u></b> Resident #1 Physician ordered for "Albuterol inhaler, inhale 1-2 puffs q6hrs PRN". Medication administration record does not list an indication for use of the PRN.	<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>Upon review of physician orders, I included the parameters for the use of the PRN medication, "Albuterol Inhaler". The complete order also reflected on the MAR is as follows:</p> <p>Albuterol Inhaler  Inhale 1-2 puffs q6hrs PRN for wheezing</p>	5/6/2023

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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><b><u>FINDINGS</u></b> Resident #1 Physician ordered for "Albuterol inhaler, inhale 1-2 puffs q6hrs PRN". Medication administration record does not list an indication for use of the PRN.</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>Medications are reviewed daily, and on a medication checklist, "check if PRN parameters are included", will be included.</p>	<p>5/6/2023</p>

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



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

Almira Piena

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

5/6/2023

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