

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 A Lumihoahu Street, Waipahu, Hawaii 96797	Inspection Date: October 17, 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.

	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 order dated 5/3/23 for “Paliperidone 3mg ER tab. 1 tab daily,” then discontinued 5/30/23. Medication is not recorded in Medication Administration record as being made available to resident.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Primary Care Physician ordered medication for “Simvastatin 40mg” not re-evaluated and signed by physician every four months or as ordered by physician.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<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><u>FINDINGS</u> Resident #1 – March Monthly progress notes dated 3/1/23 reads “Pt was seen hurling his hands on himself as if hurting himself. Meds given PRN per MD.” However, March medication administration record does not reflect when PRN was given.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – No monthly progress notes charting to resident's response to medication during the following medication changes:</p> <ul style="list-style-type: none"> • 2/6/23 – Paliperidone 1.5mg tab. 1 tab PO daily in the morning. • 3/8/23- Paliperidone 1.5mg tab. 1 tab PO daily in the morning discontinued. Paliperidone 1mg ODT PRN for agitation. Benztropine 2mg, 1 tab a day discontinued. • 5/3/23 – Paliperidone 3mg tab. 1 tab PO once a day. • 5/30/23 - Paliperidone 3mg tab. 1 tab PO once a day discontinued. • 6/27/23 – Haldol 1mg tab. 1 tab PO daily for a week on the 3rd week of each month. 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____