

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Halawa Care Home LLC	CHAPTER 100.1
Address: 99-626 Halawa Drive, Aiea, Hawaii 96701	Inspection Date: April 18, 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.**

2023 APR 18 10:48 AM  
STATE LICENSING  
SECTION

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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><b>FINDINGS</b> Resident #1 – Re-admitted 2/23/23. The following medications were found on the February 2023 medication administration record (MAR), however, these medications were not listed on the re-admission physician's orders:</p> <ul style="list-style-type: none"> <li>- "Calmoseptine 0.66%-20.6% topical ointment apply topically PRN". Medication was not initialed as given.</li> <li>- "Divalproex Sodium oral table delayed release 250mg give 1 tablet by mouth two times a day for depression". Medication was initialed as given 2/24/23 – 2-28/23.</li> <li>- "Antidandruff 1% shampoo apply to scalp 2x/week for dandruff". Medication was initialed as given on 2/27/23.</li> <li>- Hydrocortisone external cream 1% topical. Apply to face topically every day". Medication was initialed as given 2/24/23 – 2/28/23.</li> <li>- "Ketoconazole external cream 2% apply to face topically every day shift". Medication was initialed as given 2/24/23 – 2/28/23.</li> <li>- "Ketoconazole external shampoo 2% apply to scalp face topically every evening shift Wednesday, Friday, and Sunday. Leave on 5 mins, then rinse off". Medication was initialed as given 2/24/23 – 2/26/23.</li> <li>- "Sorbitol soln 70% give 30ml by mouth as needed for bowel care. Deliver it if no BM for 2 days". Medication was not initialed as given.</li> <li>- "Nystatin 100,000 unit gram topical cream apply to the affected area by topical route 2x/day PRN fungal rash." Medication was not initialed as given.</li> <li>- "Fluconazole 150mg tablet take 1 tab every 7 days for 28 days". Medication was not initialed as given.</li> </ul> <p>Continues on next page....</p>	<p style="text-align: center;"><b>PART 1</b></p>	<p>7/5/23 ✓</p>
		<p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 OCT 23 P 3:48</p> <p style="font-size: small; text-align: left;">STATE OF HAWAII REG. DIV. STATE LICENSING</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
	<p>Continued from previous page...</p> <ul style="list-style-type: none"> <li>- "Chest congestion relief DM 10mg-100mg/5ml oral syrup, take 10ml every 4 hours PRN". Medication not initialed as given.</li> <li>- "Cyanocobalamin (Vit B12) 1000mcg tablets take 1 tablet by mouth one time a day". Medication was initialed as given from 2/24/23 – 2/28/23.</li> </ul>		

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☒	<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 – Re-admitted 2/23/23. The following medications were found on the February 2023 medication administration record (MAR), however, these medications were not listed on the re-admission physician's orders: - "Calmoseptine 0.66%-20.6% topical ointment apply topically PRN". Medication was not initialed as given. - "Divalproex Sodium oral table delayed release 250mg give 1 tablet by mouth two times a day for depression". Medication was initialed as given 2/24/23 – 2-28/23. - "Antidandruff 1% shampoo apply to scalp 2x/week for dandruff". Medication was initialed as given on 2/27/23. - Hydrocortisone external cream 1% topical. Apply to face topically every day". Medication was initialed as given 2/24/23 – 2/28/23. - "Ketoconazole external cream 2% apply to face topically every day shift". Medication was initialed as given 2/24/23 – 2/28/23. - "Ketoconazole external shampoo 2% apply to scalp face topically every evening shift Wednesday, Friday, and Sunday. Leave on 5 mins, then rinse off". Medication was initialed as given 2/24/23 – 2/26/23. - "Sorbitol soln 70% give 30ml by mouth as needed for bowel care. Deliver it if no BM for 2 days". Medication was not initialed as given. - "Nystatin 100,000 unit gram topical cream apply to the affected area by topical route 2x/day PRN fungal rash." Medication was not initialed as given. - "Fluconazole 150mg tablet take 1 tab every 7 days for 28 days". Medication was not initialed as given. Continues on next page....</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>9/5/23</p> <p>me</p>
		<p>When residents are readmitted to the facility, Operator will ensure that physician/APRN orders are obtained for medication to be given to residents by looking at each medication and check that the medication has a written order before leaving the facility.</p> <p>Operator will ensure that all medication as ordered by the physician or APRN are given to the residents as per physician order and initialed consistently. Operator will double check to ensure that documentation is done and is correct. I will refer to the admission checklist prior to admission.</p>	<p>23 OCT 23 P.3:48</p>

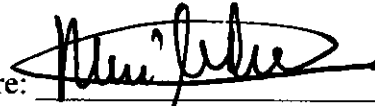


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			<p>23 OCT 23 P 3:48</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	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><b><u>FINDINGS</u></b> Resident #1 – The following medications are not listed on the medication administration record (MAR) for the month of February despite having physician's orders: - "Boost orally TID" - "Vitamin C 500mg tab take one tab orally daily for supplement" - Parameters only for Acetaminophen. "fever &gt;= 100 degree F, NTE 3000 mg in 24 hours".</p>	<p>PART 1</p>	<p>9/5/23 nw</p>
		<p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 OCT 23 P 3:48</p> <p>STATE OF MICHIGAN NURSING NURSE LICENSING</p>

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<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 - The following medications are not listed on the medication administration record (MAR) for the month of February despite having physician's orders: - "Boost orally TID" - "Vitamin C 500mg tab take one tab orally daily for supplement" - Parameters only for Acetaminophen. "fever &gt;= 100 degree F, NTE 3000 mg in 24 hours".</p> <p>I will refer to the admission checklist prior to <del>the</del> admission re-admission.</p>	<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>all resident medication will be documented on the Medication Administration Record (MAR) for each month contains the resident's name, name of the medication, frequency, time, date and by who medication was made available to the resident.</p> <p>Operator will double check that all residents have correct and correct MAR for each resident that the physician / APRN has written orders for and that documentation is correct.</p>	<p>9/5/23</p> <p>MAL</p> <p>23 OCT 23 P 3:48</p>

Licensee's/Administrator's Signature:



Print Name:

Marike Collado

Date:

5/23/23



Licensee's/Administrator's Signature:

*Marites Collado*

Print Name:

Marites Collado (HCHC)

Date:

9/5/23

STATE OF HAWAII  
HEALTH &  
STATE LICENSING

23 OCT 23 P 3:48