

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oililua Senior Care, Inc., #II	CHAPTER 100.1
Address: 711 Oneawa Street, Kailua, Hawaii 96734	Inspection Date: November 14, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	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><u>FINDINGS</u> Resident #1 – Primary Care Giver (PCG) reports telephone order was taken on 4/28/22 for “Cephalexin 500mg 1 cap TID PO for 7 days”. Medication administration record (MAR) indicated first dose was given on 4/28/22 at 2300 and last dose was given on 5/4/22 at 2300. Resident missed 5/5/22 doses at 0700 and 1500 per 5/2022 MAR.</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>	

RECEIVED

JUN 27 2023

	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 – Primary Care Giver (PCG) reports telephone order was taken on 4/28/22 for “Cephalexin 500mg 1 cap TID PO for 7 days”. Medication administration record (MAR) indicated first dose was given on 4/28/22 at 2300 and last dose was given on 5/4/22 at 2300. Resident missed 5/5/22 doses at 0700 and 1500 per 5/2022 MAR.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future, I revised my MAR sheet checklist reminder to check that all medications are signed and a second substitute caregiver to double check my MAR to ensure that all the dates are completely signed. (All medications were given on 5/5/22 at 0700 and 1500 given, signatures were missing) I added this to my daily checklist.</p>	6/9/23

	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 – 5/17/22 Physician’s order for, “May use Allegra 180mg 1-2 times a day. If Allegra is not helping itch, may use Hydroxyzine 25mg 1 tablet at bedtime PRN for itching”. Order is unclear as it does not clearly define how long to wait after giving Allegra (to assess for effectiveness) before administering Hydroxyzine, whether to always use Allegra first for each episode of itchiness, or to stop Allegra altogether if it does not help itching. Needed physician’s clarification.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RECEIVED
JUN 27 2023

	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><u>FINDINGS</u> Resident #1 – 5/17/22 Physician’s order for, “May use Allegra 180mg 1-2 times a day. If Allegra is not helping itch, may use Hydroxyzine 25mg 1 tablet at bedtime PRN for itching”. Order is unclear as it does not clearly define how long to wait after giving Allegra (to assess for effectiveness) before administering Hydroxyzine, whether to always use Allegra first for each episode of itchiness, or to stop Allegra altogether if it does not help itching. Needed physician’s clarification.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</p> <p>-To prevent similar deficiency in the future, I have updated and created a New Physician's order clarifications includes the effectiveness of the medications being ordered.I have printed out the checklist and placed it on every resident's folder as my reminder.</p>	6/9/2023

	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 – Also on 5/19/22, Physician ordered, “Use the Gabapentin place of the Hydroxyzine”. Needs physician’s clarification as currently Gabapentin is ordered for “insomnia” and Hydroxyzine is ordered for “itching”.</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>Deficiency was corrected. Gabapentin was clarified for insomnia and Hydroxyzine was discontinued on 5/26/22 by PCP. Copy of the order is placed on Resident#1 folder to review</p>	<p>6/9/23</p>

RECEIVED
JUN 27 2023

	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><u>FINDINGS</u> Resident #1 – Also on 5/19/22, Physician ordered, “Use the Gabapentin place of the Hydroxyzine”. Needs physician’s clarification as currently Gabapentin is ordered for “insomnia” and Hydroxyzine is ordered for “itching”.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future, I revised my checklist on Physician's order clarification on every clinic visit checklist. Copy of the checklist are printed and placed on resident's folder as my reminder.</p>	<p style="text-align: center;">6/9/23</p>

RECEIVED
JUN 27 2023

	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><u>FINDINGS</u> Resident #1 – The following medications were listed on the 4/13/22 discharge medication orders, however they do not appear on the 4/2022 MAR and there is no evidence of follow up with Physician showing these medications were discontinued:</p> <ul style="list-style-type: none"> • Acetaminophen 325mg tab, take 650mg orally as needed every four hours for temp >100 degrees and generalized pain. Max 3 grams per day. • Lactulose 10 gram/15ml oral solution, take 30cc orally as needed for constipation. May administer if no BM in 3 days. • Bisacodyl 10mg rectal suppository, unwrap and insert 1 supp rectally PRN if Lactulose is ineffective. • Vitamins A and D – white petrolatum – lanolin topical ointment, Apply sparingly to peri area. • Lidocaine 4% topical patch, apply 1 patch to back topically as needed for low back pain. On for 12 hours, off for 12 hours. 	<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>Deficiency was corrected. Discharge medication orders that includes 1)Acetaminophen 325mg tab PO PRNQ4hrs for temp >100degrees and generalized pain> Max 3 grams /day 2. Lactulose 10 grams/15ml oral solution, take 30cc PO PRN for constipation. May administer if no BM in 3 days. 3. Bisacodyl 10mg rectal suppository, unwrap and insert 1 supp rectally PRN if Lactulose is ineffective. 4. Vitamins A and D-white petrolatum-lanolin topical ointment, Apply sparingly to peri area. 5. Lidocaine 4% topical patch, apply 1 patch to back topically as needed for low back pain. On for 12 hours, off for 12 hours. All of the above 5 medications mentioned were added to 4/2022 MAR. On 5/14/22 all medications above were not included in the discharge medication list/order. Notified PCP and all of the mentioned medications were discontinued.</p>	6/9/23

	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><u>FINDINGS</u> Resident #1 – The following medications were listed on the 4/13/22 discharge medication orders, however they do not appear on the 4/2022 MAR and there is no evidence of follow up with Physician showing these medications were discontinued:</p> <ul style="list-style-type: none"> • Acetaminophen 325mg tab, take 650mg orally as needed every four hours for temp >100 degrees and generalized pain. Max 3 grams per day. • Lactulose 10 gram/15ml oral solution, take 30cc orally as needed for constipation. May administer if no BM in 3 days. • Bisacodyl 10mg rectal suppository, unwrap and insert 1 supp rectally PRN if Lactulose is ineffective. • Vitamins A and D – white petrolatum – lanolin topical ointment, Apply sparingly to peri area. • Lidocaine 4% topical patch, apply 1 patch to back topically as needed for low back pain. On for 12 hours, off for 12 hours. 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future I have revised my admission checklist reminder that all medication orders are written down on MAR and a reminder to have my substitute caregiver double check all admission medication orders are written down on MAR.</p>	6/9/23

	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 – 5/15/23 telephone order reads, “Continue Benadryl as previously ordered QHS”. This order is incomplete and does not include strength of medication, dose to be administered, route by which to administer, duration if applicable or any other parameters if applicable.</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>There is no telephone order for Resident #1 on 5/15/23. Annual survey was done on 5/14/22</p> <p>Continue Benadryl 25mg capsule 1 capsule PO QHS PRN for itchiness was added to Resident #1 file available for review. Order was dated 5/15/22 not 5/15/23.</p>	<p>6/9/23</p>

RECEIVED
JUN 27 2023

	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 – 5/15/23 telephone order reads, “Continue Benadryl as previously ordered QHS”. This order is incomplete and does not include strength of medication, dose to be administered, route by which to administer, duration if applicable or any other parameters if applicable.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future I revised my Telephone Order checklist reminder to document the complete medication ordered that includes the strength of medication, dose to be administered, route of medication, duration etc that applies. A printout copy is posted on the medication cabinet as my reminder.</p>	<p>6/9/23</p>

RECEIVED
JUN 27 2023

	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 – Regarding order for Benadryl on 5/15/22, order in progress note differs from telephone order.</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>Deficiency was corrected.</p> <p>Late entry regarding Benadryl was entered and on 5/16/22 Benadryl was discontinued and copy of the order was placed on Resident #1 folder for review</p>	<p>6/9/23</p>

	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 – Regarding order for Benadryl on 5/15/22, order in progress note differs from telephone order.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future I revised my Documentation Checklist reminder on progress notes are the same with the telephone order. A printout copy of this reminder is placed on the medication cabinet for me and my substitute caregiver to see.</p>	<p>6/9/23</p>

RECEIVED

JUN 27 2023

	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 – Entry on 5/2022 MAR for Benadryl reads, “Benadryl (Banophen) 25mg cap, 1 cap PO QHS PRN”. Entry is missing an indication for administering medication.</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>Deficiency was corrected. Indication for Benadryl (Banophen)25mg cap, 1 cap PO QHS PRN for itchinness for Resident #1 placed on file for review.</p>	<p>6/9/23</p>

RECEIVED
JUN 27 2023

	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 – Entry on 5/2022 MAR for Benadryl reads, “Benadryl (Banophen) 25mg cap, 1 cap PO QHS PRN”. Entry is missing an indication for administering medication.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future I have revised my daily checklist that all PRN medication ordered includes indication of medication on MAR A printout copy of the reminder is placed at my office as a reminder for myself and my substitute caregiver to see.</p>	<p>6/9/23</p>

RECEIVED

JUN 27 2023

	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 – On 5/19/23 Physician ordered, “Continue Metoprolol 25mg ½ tab a day; hold for SBP <100 and HR <55”. There are no parameters on the 5/2022 MAR for this medication.</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>Deficiency was corrected: Metoprolol 25mg 1/2 tab a day parameters were added to 5/2022 MAR as ordered. Physician order was on 5/19/22 not on 5/19/23 as you mentioned.</p>	<p>6/9/23</p>

RECEIVED
JUN 27 2023

	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><u>FINDINGS</u> Resident #1 – On 5/19/23 Physician ordered, “Continue Metoprolol 25mg ½ tab a day; hold for SBP <100 and HR <55”. There are no parameters on the 5/2022 MAR for this medication.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future, I have revised my checklist to include all parameters to all medications as ordered by the physician. A printout copy of the checklist reminder is placed in a wall at my office when my substitute care giver and myself can see it.</p>	6/9/23

	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>FINDINGS Resident #1 – On 5/14/22, Physician discontinued “Sennosides 8.5mg - Docusate 50mg tab, give 2 tabs po BID, hold for loose stool”, however, 5/2022 MAR indicates medication continued to be administered after being discontinued.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RECEIVED
JUN 27 2023

	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><u>FINDINGS</u> Resident #1 – On 5/14/22, Physician discontinued “Sennosides 8.5mg - Docusate 50mg tab, give 2 tabs po BID, hold for loose stool”, however, 5/2022 MAR indicates medication continued to be administered after being discontinued.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future I have revised my checklist on All Discontinued Medications checklist reflects on the MAR as discontinued. I revised my plan to remove medications from medication bin and mark D/C on my MAR right away.</p>	6/9/23

	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><u>FINDINGS</u> Resident #1 – On 4/13/22 Physician ordered, “Metoprolol Tartrate 25mg tab, take 12.5mg orally two times daily. Give with meals. BP and/or pulse hold: Pulse is <55, Systolic Blood Pressure <110”. Then on 5/19/22 Physician’s parameter’s change to “hold for SBP <100 and HR <55”. The MAR indicates medication was administered on the following days when BP and/or pulse was outside of the ordered parameters: Hold if SBP <110, HR <55 4/19/22 - PM dose (B/P 103/54, HR 54) 4/29/22 - AM dose (B/P 91/65) 4/30/22 - AM dose (B/P 95/68) 4/31/22 - PM dose (B/P 96/55)</p> <p>Hold if SBP <100, HR <55 5/23/22 - AM dose (HR 53) 5/24/22 - AM dose ((HR 53) 5/26/22 - AM dose (HR 53) and PM dose (B/P 95/54) 5/27/22 - PM dose (B/P 96/66) 5/28/22 - AM dose (HR 54) 5/31/22 - AM dose (HR 51) 7/6/22 - AM dose (HR 54) 9/29/22 - AM dose (HR 39) 10/7/22 - AM dose (HR 38)</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	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><u>FINDINGS</u> Resident #1 – On 4/13/22 Physician ordered, “Metoprolol Tartrate 25mg tab, take 12.5mg orally two times daily. Give with meals. BP and/or pulse hold: Pulse is <55, Systolic Blood Pressure <110”. Then on 5/19/22 Physician’s parameter’s change to “hold for SBP <100 and HR <55”. The MAR indicates medication was administered on the following days when BP and/or pulse was outside of the ordered parameters: Hold if SBP <110, HR <55 4/19/22 - PM dose (B/P 103/54, HR 54) 4/29/22 - AM dose (B/P 91/65) 4/30/22 - AM dose (B/P 95/68) 4/31/22 - PM dose (B/P 96/55)</p> <p>Hold if SBP <100, HR <55 5/23/22 - AM dose (HR 53) 5/24/22 - AM dose ((HR 53) 5/26/22 - AM dose (HR 53) and PM dose (B/P 95/54) 5/27/22 - PM dose (B/P 96/66) 5/28/22 - AM dose (HR 54) 5/31/22 - AM dose (HR 51) 7/6/22 - AM dose (HR 54) 9/29/22 - AM dose (HR 39) 10/7/22 - AM dose (HR 38)</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future, I revised my MAR checklist and added signatures/initial and parameters to ensure that hold is being marked for all blood pressure and heart rate outside the ordered parameters. A printout out the revised checklist is posted at my work station. (Medications were withheld as ordered but hold was missing above the signatures.</p>	<p>6/9/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 – 5/15/22 Physician's order states, "Start Zyrtec 10mg tab Q daily PRN for itchiness", however, MAR does not include "PRN for itchiness", initialed as given daily.</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>Deficiency was corrected MAR was corrected to read Zyrtec 10mg tab Qdaily PRN for itchiness on Resident #1 on 5/15/22. MAR was placed on resident's binder for clarification and available .</p>	<p>6/9/23</p>

RECEIVED

JUN 27 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 – 5/15/22 Physician’s order states, “Start Zyrtec 10mg tab Q daily PRN for itchiness”, however, MAR does not include “PRN for itchiness”, initialed as given daily.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future I revised my daily checklist on MAR to include PRN for itchiness as stated on Physician order. A printout copy is posted at my work station for substitute care giver to see.</p>	<p>6/9/23</p>

RECEIVED
JUN 27 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 – On 5/2022 MAR, order for Nitrofurantoin is incomplete. MAR simply reads “Nitrofurantoin”. It does not include medication strength of medication, dose to be administered, route by which to administer, time to administer, duration if applicable or any other parameters if applicable. MAR is initialed as given twice a day from 5/17/22 through 5/23/22.</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>Deficiency was corrected. MAR was corrected to read : Nitrofurantoin Monohydrated 100mg cap (commonly called MACROBID) take 1 capsule PO BID for 7 days. Correction was placed on Resident #1 folder for review.</p>	<p>6/9/23</p>

RECEIVED

JUN 27 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 – On 5/2022 MAR, order for Nitrofurantoin is incomplete. MAR simply reads “Nitrofurantoin”. It does not include medication strength of medication, dose to be administered, route by which to administer, time to administer, duration if applicable or any other parameters if applicable. MAR is initialed as given twice a day from 5/17/22 through 5/23/22.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future, I revised my daily checklist on MAR to write down complete physician's order on MAR. Printout copy of the checklist is posted at my work station in the office</p>	<p>6/9/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 – 5/17/22 Physician's order states, "May use Allegra 180mg 1-2 times a day. If Allegra is not helping itch, may use Hydroxyzine 25mg 1 tablet at bedtime PRN for itching", however, 5/2022 MAR does not include the parameter "If Allegra is not helping itch may use Hydroxyzine" for both medications.</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>Deficiency was corrected. MAR was corrected to read: May use Allegra 180mg 1-2 times a day for itch. If Allegra is not helping itch, may use Hydroxyzine 25mg 1 tablet at bedtime PRN for itching</p>	<p>6/9/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 – 5/17/22 Physician’s order states, “May use Allegra 180mg 1-2 times a day. If Allegra is not helping itch, may use Hydroxyzine 25mg 1 tablet at bedtime PRN for itching”, however, 5/2022 MAR does not include the parameter “If Allegra is not helping itch may use Hydroxyzine” for both medications.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future, I revised my daily checklist to include parameters on all PRN medication ordered. Revised checklist printout is placed at the wall of my charting station at my office as my reminder and instructed my substitute caregiver to double check all doctor's orders are written down on MAR exactly the way on doctor's orders.</p>	<p>6/9/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 - 5/17/22 Physician's order states, "May use Allegra 180mg 1-2 times a day. If Allegra is not helping itch may use Hydroxyzine 25mg 1 tablet at bedtime PRN for itching", however, 5/2022 MAR both medications are transcribed incorrectly:</p> <ul style="list-style-type: none"> • Order for Allegra is transcribed as "Allegra 180mg 1 tab PO BID PRN". Entry erroneously states "1 tab" rather than "1 to 2 times a day" and does not include an indication for the medication. • Order for Hydroxyzine is transcribed as "Hydroxyzine HCL 25mg 1 tab by mouth at bedtime PRN". Entry does not include an indication for the medication. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 - 5/17/22 Physician's order states, "May use Allegra 180mg 1-2 times a day. If Allegra is not helping itch may use Hydroxyzine 25mg 1 tablet at bedtime PRN for itching", however, 5/2022 MAR both medications are transcribed incorrectly:</p> <ul style="list-style-type: none"> • Order for Allegra is transcribed as "Allegra 180mg 1 tab PO BID PRN". Entry erroneously states "1 tab" rather than "1 to 2 times a day" and does not include an indication for the medication. • Order for Hydroxyzine is transcribed as "Hydroxyzine HCL 25mg 1 tab by mouth at bedtime PRN". Entry does not include an indication for the medication. 	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future, I revised my daily checklist and added to include an indication for the ordered medication for every PRN medication. A printout copy of the revised checklist is posted at my work station as my reminder.</p>	<p style="text-align: center;">6/9/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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>FINDINGS Resident #1 – On 5/19/23 Physician ordered, “Gabapentin 100mg Oral Cap, take one capsule at dinnertime as needed for insomnia; if gets drowsy too early, can move it later to take at bedtime; may increase to 2 capsules if ineffective (in one week)”. MAR, after one week, does not indicate number of tabs given.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

RECEIVED
JUN 27 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 – On 5/19/23 Physician ordered, “Gabapentin 100mg Oral Cap, take one capsule at dinnertime as needed for insomnia; if gets drowsy too early, can move it later to take at bedtime; may increase to 2 capsules if ineffective (in one week)”. MAR, after one week, does not indicate number of tabs given.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future, I revised my daily checklist to include MAR documentation must reflect and follow Physician order. Copy of the checklist reminder is posted at the work station at my office. (Resident did not get drowsy after one week so it remained 1 capsule after 1 week.)</p>	<p>6/9/23</p>

RECEIVED

JUN 27 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 – PCG reports a telephone order for “Cephalexin 500mg 1 cap TID PO for 7 days” was given, however, there is no documented evidence of telephone order.</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>Deficiency was corrected and copy of the telephone order Cephalexin 500mg cap TID for 7 days was placed in Resident #1 folder for review.</p>	<p>6/9/23</p>

RECEIVED
JUN 27 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><u>FINDINGS</u> Resident #1 – PCG reports a telephone order for “Cephalexin 500mg 1 cap TID PO for 7 days” was given, however, there is no documented evidence of telephone order.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future, I have revised my daily checklist on :Telephone Orders Documentation must be documented right away. Printout copy of the revised checklist was posted at my work desk as my reminder.</p>	<p>6/9/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 – There is a double entry on the 5/2022 MAR for “Metoprolol Succinate 25mg”:</p> <ul style="list-style-type: none"> • “Metoprolol Succinate 25mg PO 24h SR tab 0.5 tab PO QDaily” • “Metoprolol Succinate 25mg ½ tab PO Q daily (12.5mg)” <p>Both entries were initialed as given from 5/20/22 to 5/31/22.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 – There is a double entry on the 5/2022 MAR for “Metoprolol Succinate 25mg”:</p> <ul style="list-style-type: none"> • “Metoprolol Succinate 25mg PO 24h SR tab 0.5 tab PO QDaily” • “Metoprolol Succinate 25mg ½ tab PO Q daily (12.5mg)” <p>Both entries were initialed as given from 5/20/22 to 5/31/22.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future, I revised my monthly checklist to include Check Medication entry are not duplicated before printing MAR for the following month.I added a reminder to have my substitute care giver to double check new MAR at the beginning of the month to ensure that new MAR is correct. Copy of the checklist reminder are printed and placed it by my computer desk.</p>	<p style="text-align: center;">6/9/23</p>

RECEIVED
JUN 27 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 – Progress notes do not consistently describe resident's response to medication changes, medication holds, administration of PRNs, or any actions taken.</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>Deficiency was corrected. I have revised my daily checklist reminder about Consistency on my progress notes and more detailed documentation on resident's response to medication changes, medication holds, administration of PRN's are documented on monthly basis or more often as needed.</p>	<p>6/9/23</p>

RECEIVED

JUN 27 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<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 – Progress notes do not consistently describe resident's response to medication changes, medication holds, administration of PRNs, or any actions taken.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiency in the future, I revised my daily and monthly checklist reminder about consistency on documenting progress notes client response to medication changes, when medication are placed on hold etc. A revision checklist copy is posted and available by my work station.</p>	<p>6/9/23</p>

Licensee's/Administrator's Signature: Norma Tenorio

Print Name: NORMA TENORIO

Date: June 13, 2023