

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Callo Care Home	CHAPTER 100.1
Address: 1027 A Lowell Place, Honolulu, Hawaii 96817	Inspection Date: January 24, 2024 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

	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 “Miralax 17 grams, 1 capful in 8 oz H2O or juice daily prn constipation.” No as needed (PRN) indication for aforementioned medication on medication label and 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, Miralax 17 gm, 1 capful in 8 oz of water or juice. I put down PRN but I didn't indicate the use of the medication that it is for constipation on the bottle labeled and MAR. I corrected it right away on the bottle labeled and MAR, Miraflox 17 gm, 1 capful in 8 oz of water or juice daily PRN constipation. After my nurse finished the inspection and left the Care Home, I made the correction right away. 1/24/24</p>	1/24/24

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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 – Physician ordered “Miralax 17 grams, 1 capful in 8 oz H2O or juice daily prn constipation.” No PRN indication for aforementioned medication on medication label and 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 this from happening again in the future, I will make sure that all PRN medications are documented on the bottle labeled and MAR. Miralax 17 gm, 1 capful in 8 oz of water or juice daily PRN constipation. As a reminder I have to place a red mark on the right side of all PRN medications. 1/24/24</p> <p>I will also ask my substitute caregiver, Caroline Cabrerros to double check the medication label and MAR to make sure that the PRN indication for all PRN medications is listed. 3/12/24</p>	

Licensee's/Administrator's Signature: T. Callo

Print Name: TESSIE A. CALLO

Date: 3/1/24

Licensee's/Administrator's Signature: T. Callo

Print Name: TESSE A. CALLO

Date: 3/14/24