

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Viernes, May G. | CHAPTER 100.1 |
| Address: 94-1184 Hina Street, Waipahu, Hawaii 96797 | Inspection Date: November 16, 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.

24 JAN -4 P 2:27

| | 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 on 8/30/22 for "Amoxicillin 500 mg 4 caps PRN 1 hour prior to dental appointment", however, medication was not recorded on the Medication Administration Record (MAR) from 11/2022 to 11/2023.</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's MAR was assessed on 1/4/24 and physician was notified of the medication in question. Requested physician's order to discontinue as it was only a single order prior to resident's dental appointment on 8/30/22.</p> | <p style="text-align: center; font-size: 1.5em;">1/4/24</p> <p style="text-align: right; font-size: 0.8em;">STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION</p> <p style="text-align: right;">24 JAN -4 P2:27</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-</p> <ol style="list-style-type: none"> 1. Physician ordered on 8/30/22 for "Tylenol 325 mg Take 2 tabs every 6 hr PO PRN for fever and pain", however, no PRN indication provided between 11/2022-11/2023 MAR. 2. Physician ordered on 8/30/22 for "Docusate Sodium 100 mg Take 1 cap qd PRN for constipation", however, no PRN indication provided between 11/2022-11/2023 MAR. <p>PCG corrected November 2023 MAR during the time of inspection.</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> | <p style="text-align: right;">24 JAN -4 P2:27</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- Physician ordered on 8/30/22 for "Docusate Sodium 100 mg Take 1 cap qd PRN for constipation", however, medications were administered on 10/2/23, 10/8/23, 10/14/23, 10/21/23, and 10/28/23 with no documentation of PRN reason and effectiveness.</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> | <p>24 JAN -4 P 2:28</p> <p>STATE OF LOUISIANA</p> |

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STATE OF CONNECTICUT
STATE DEPARTMENT OF
CORRECTIONS

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><u>FINDINGS</u> Resident #1- No legend for caregiver initials on August 2023 MAR and September 2023 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> | <p>STATE OF CONNECTICUT JAN 4 2024 24 JAN -4 P 2:28</p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-20 <u>Resident health care standards.</u> (e) Arrangements shall be made by the primary care giver for annual dental examinations. Arrangements shall be made by the primary or substitute care giver for emergency dental examinations.</p> <p>FINDINGS Resident #1- Physician ordered on 8/30/22 for "Amoxicillin 500 mg 4 caps PRN 1 hour prior to dental appointment", however, no documentation of annual dental examination.</p> | <p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>Resident's annual dental examination has been arranged on 1/4/24. Documentation has filled in the resident's record and also written on the calendar.</p> | <p>1/4/24</p> <p style="text-align: right;">24 JAN -4 P 2:28</p> |

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Licensee's/Administrator's Signature: May G. Viernes
Print Name: MAY G. VIERNES
Date: 1/4/24

24 JAN -4 P 2:28
STATE LICENSING