

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aguinaldo, Evangeline	CHAPTER 100.1
Address: 3787 Mamaki Street, Koloa, Hawaii 96756	Inspection Date: February 12, 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>. (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 – Physician ordered “Ondansetron ODT 4mg, 1 tab every 8 hours PRN nausea/vomiting.” Aforementioned medication not available in the facility for resident use.</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>To correct this deficiency, I communicated with the physician to confirm if Ondansetron ODT 4mg was still required for Resident #1. Upon verifying that the medication was no longer needed, I requested for the physician to update the medication list to reflect the discontinuation of Ondansetron ODT 4mg for Resident#1.</p>	<p style="text-align: right;">FEB 28 2024</p> <p style="text-align: right;">24 MAR -8 P2:33</p> <p style="text-align: center; font-size: small;">STATE BOARD OF HEALTH STATE LICENSING</p>

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<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 ordered “Ondansetron ODT 4mg, 1 tab every 8 hours PRN nausea/vomiting.” Aforementioned medication not available in the facility for resident use.</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><i>To prevent this in the future, I will have my substitute caregivers, who will be properly trained, assist in reviewing the medication list with me monthly. This additional support will avoid any discrepancies and ensure proper medication management.</i></p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF LICENSING</p>	<p style="text-align: right;"><i>07/22/24</i></p> <p style="text-align: right;">24 MAR 27 PM 2:42</p>

Licensee's/Administrator's Signature: Evangeline Aguinaldo

Print Name: Evangeline Aguinaldo

Date: FEB 28 2024

STATE OF CALIFORNIA
DEPARTMENT OF
STATE LICENSING

24 MAR -8 P2:33

Licensee's/Administrator's Signature: Evangelina Aguinaldo

Print Name: Evangelina Aguinaldo

Date: 4/6/24

STATE OF FLORIDA
DEPARTMENT OF
STATE LICENSING

24 APR 10 P 1:30