

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Galicinao	CHAPTER 89
Address: 45-201 B William Henry Road, Kaneohe, Hawaii 96744	Inspection Date: April 16, 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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (c)(2) Medications:</p> <p>Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #2 – Observed several bottles of latanoprost eye drops unsecured in refrigerator door compartment.</p> <p>Care Home Operator (CHO) secured medication during the inspection.</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>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards. (e)(2)</u> Medications:</p> <p>Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #2 – Observed several bottles of latanoprost eye drops unsecured in refrigerator door compartment.</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 have purchased a separate container for resident #2's eye drop medications with a lock and the proper label to store in the refrigerator and is available and kept under the care of my care home staff.</p>	04/18/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 – Physician order for “dextromethorphan-guaifenesin 10-100 mg/5ml. Give 10mL every 6 hours PRN cough” was ordered on 3/8/24 and still present on 4/2/24 after visit summary medication list. However, medication was not transcribed on the medication administration record (MAR) in March 2024 and April 2024.</p> <p>Please clarify with physician if medication should remain active or be discontinued if not in 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>Yes, I have corrected the deficiency.</p> <p>The physician's order for this medication is to remain active.</p> <p>I have also added it to the medication administration record.</p>	<p>07/05/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 – Physician order for “dextromethorphan, guaifenesin 10-100 mg/5ml. Give 10mL every 6 hours PRN cough” was ordered on 3/8/24 and still present on 4/2/24 after visit summary medication list. However, medication was not transcribed on the medication administration record (MAR) in March 2024 and April 2024.</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 ensure that this deficiency doesn't happen again, I have put a reminder note in resident #1's file to always record changes / status to any and all medications administered in the MAR record file page. To ensure I am up to date of knowing what's available for resident #1 of all medication orders and that it's transcribed accurately in the MAR, a review and reminder will be conducted every 2 weeks. All care home staff has / will be informed and instructed to do the same and follow-up with reminder notes twice a week in file and / or as needed daily / weekly / monthly.</p>	<p>07/05/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(5) General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Three-month medication update form created by the CHO and signed by the physician is inaccurate and still has Olanzapine 20mg listed on the following forms dated 8/30/23, 11/18/23, 4/2/24. Olanzapine order has changed and decreased from 20mg to 10mg effective 4/11/23.</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>Yes, I have corrected the deficiency.</p> <p>To fix this deficiency, I have inserted a reminder note in resident #1's file. The reminder note is for all staffs to always record any / all changes to any / all 90 days form of medications administered accordingly and accurately whenever it is needed.</p> <p>The reminder will also be to check that the signature by the CHO and physician is accurate and recorded, and in sync with one another.</p> <p>The current deficiency has been updated and it now reflects as current and is accurate to the instruction.</p>	07/05/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(5) General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Three-month medication update form created by the CHO and signed by the physician is inaccurate and still has Depakote 250mg listed on the following forms dated 1/30/23, 11/18/23, 4/2/24. Depakote has been discontinued by MD since 4/11/23.</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>Yes, I have corrected the deficiency.</p> <p>The medication form has been updated to reflect the current orders and is accurately recorded for resident #1's file.</p> <p>To ensure this deficiency is doesn't happen again, I have placed a reminder in file. The reminder to all staffs is to record changes / status to any and all 90 days form of medication administered to resident #1's records page.</p> <p>The staffs administering is to also make sure that the signature of the CHO and physician is accurate and current at all times.</p> <p>Staff is to review on a daily / weekly / monthly but definitely every two weeks to keep consistency and promptness to all record changes whenever needed. This reminder tool will be very helpful and necessary.</p>	<p>07/05/2024</p>

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Licensee's/Administrator's Signature: Mrs. Lilia Galicinao

Print Name: Mrs. Lilia Galicinao

Date: 06/27/2024

Licensee's/Administrator's Signature: Lilia Galicinao

Print Name: Lilia Galicinao

Date: 07/05/2024