

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Suetos Care Home	CHAPTER 100.1
Address: 4415 Ukali Street, Honolulu, Hawaii 96818	Inspection Date: July 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>FINDINGS Resident #1- Physician ordered on 6/26/23 for "Acetaminophen 325 mg Take 2 tablets PO every 6 hours PRN pain"; however, no PRN indication was recorded on the medication administration record (MAR) from July 2023 to July 2024</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>-As soon as my nurse surveyor left my ARCH, I went to my client chart & added to Acetaminophen order to "for pain" from 1/22 to 12/22, 1/23 to 12/23 & 1/24 to 7/24</p>	<p>07/24/24</p>

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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 on 6/26/23 for "Acetaminophen 325 mg Take 2 tablets PO every 6 hours PRN pain"; however, no PRN indication was recorded on the MAR from July 2023 to July 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>-From now on I will check thoroughly the order to make sure that it's correct from the physician's order. -Ail substitute caregivers had been re-trained to check the orders to to make sure it's transcribed properly -I will check weekly all medication records to prevent for future deficiency.</p>	<p>07/27/24</p>

Licensee's/Administrator's Signature: E. Suetos

Print Name: Ederlina Suetos

Date: Jul 27, 2024