

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Quitevis, Elena (ARCH)	CHAPTER 100.1
Address: 1614 Maluwai Street, Pearl City , Hawaii, 96782	Inspection Date: April 3, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE LICENSING SECTION
OCT 23 10:16 AM '24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 order of Fluoxetine 20 mg one (1) tab po Q.D. not available.</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>Called Dr. Brana to verify dosage, should be 60mg. Medication is now available, however due to medical insurance no longer covers Fluoxetine 20 mg, medication has been changed to Escitalopram 10 mg once daily. MAR has been updated with new prescribed medicine.</p> <p style="text-align: right;">STATE OF MICHIGAN DEPARTMENT OF LICENSURE STATE OF MICHIGAN 24 OCT 23 10:16</p>	<p>04/05/2024</p>


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	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 order of Fluoxetine 20 mg one (1) tab po Q.D. written as Fluoxetine 80 mg one (1) tab po Q.D.</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>Medication bottle was placed separately for refill, however, forgot where bottle was placed and was not found. Called Dr. Brana for new prescription refill.</p> <p>Refilled medication was received on 04/05/24. MAR has been updated on same day 04/05/24.</p>	<p>04/02/2024</p>

STATE OF MICHIGAN
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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) 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 order of Fluoxetine 20 mg one (1) tab po Q.D. written as Fluoxetine 80 mg one (1) tab po Q.D.</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>As a reminder, all medication refills will be noted on the erasable wall calendar located in the clients hallway. Once refills have been called in, a check mark will be placed next to the medication. When medication is recieved, it will be erased from the calendar.</p> <p>Once refilled medications are received, MAR is cross checked with medication list with refilled medications. Substitute will then re-verify MAR entry. Updated MAR will be checked monthly due medication list with dosage is always transferred monthly. Substitute will re-verify list and dosage entries.</p>	<p>04/02/2024</p>

24 OCT 23 10:17

Licensee's/Administrator's Signature: 

Print Name: Elena C Quitevis

Date: May 14, 2024

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LICENSING
BOARD

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