

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Waipahu Hale	CHAPTER 100.1
Address: 94-1201 Huakai Street, Waipahu, Hawaii 96797	Inspection Date: September 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 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 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 – There was no valid physician’s order to administer the following medications/treatments, as noted on August 2024 medication administration record (MAR) and unsigned physician orders sheet dated 8/26/24. Per the primary caregiver (PCG), orders were taken by the hospice case manager, but no documented evidence indicating so.</p> <ul style="list-style-type: none"> • Discontinue order Medihoney • Betadine 10% topical solution apply small amount of solution to affected area once a day or as needed if dressing is soiled. allow betadine to dry, then cover with non-adherent gauze and secure with paper tape. Change dressing daily or repeat wound care as needed if drainage noted • Keflex 500 mg capsule take 1 capsule by mouth twice a day for 7 days 	<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>This CHO informed the Hospice RNCM during his weekly home visit on 09-04-24 regarding the missing information on the recent orders for the resident. Hospice RNCM updated and faxed the corrected orders with valid physician's name and signature, as well as who took the orders and date.</p>	<p>September</p>

	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><u>FINDINGS</u> Resident #1 – There was no valid physician’s order to administer the following medications/treatments, as noted on August 2024 medication administration record (MAR) and unsigned physician orders sheet dated 8/26/24. Per the primary caregiver (PCG), orders were taken by the hospice RN case manager, but no documented evidence indicating so.</p> <ul style="list-style-type: none"> • Discontinue order Medihoney • Betadine 10% topical solution apply small amount of solution to affected area once a day or as needed if dressing is soiled, allow betadine to dry, then cover with non-adherent gauze and secure with paper tape. Change dressing daily or repeat wound care as needed if drainage noted • Keflex 500 mg capsule take 1 capsule by mouth twice a day for 7 days 	<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 prevent this deficiency from happening again, this CHO made a reminder note that posted in front of the Daily Month MAR Binder for all the residents. The note says, Check faxed and telephone orders for the following before transcribing on the MAR:</p> <ul style="list-style-type: none"> - who took the order - ordering physician's name - the date when the order taken 	<p>September</p>

	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><u>FINDINGS</u> Resident #1 – Physician order dated 8/23/24 states the following conflicting orders:</p> <ul style="list-style-type: none"> • Acetaminophen 650 mg rectal suppository 1 suppository per rectum every 4 hours PRN fever greater than or equal to 100 degrees Fahrenheit. <u>Maximum of 3 grams of Acetaminophen in a 24 hour period.</u> • Acetaminophen 325 mg take 2 tablets by mouth every 6 hours as needed for pain or fever (Temp \geq 100F). <u>Max 3000 mg/day.</u> <p>Medication order was not clarified to indicate the correct maximum Acetaminophen dosage the resident can take in a 24-hour period.</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>This CHO informed the Hospice RNCM during his weekly visit on 09-04-24 regarding the deficiency about the conflicting orders on the maximum Acetaminophen dosage the resident can take in a 24-hour period.</p> <p>This CHO spoke with Hospice RNCM on 09-05-24 via phone. RNCM informed CHO that MD clarified the orders. Received new orders via fax, for Acetaminophen with maximum dose of 3000 mg in a 24 hour period.</p>	<p>September</p>

	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><u>FINDINGS</u> Resident #1 – Physician order dated 8/23/24 states the following conflicting orders:</p> <ul style="list-style-type: none"> • Acetaminophen 650 mg rectal suppository 1 suppository per rectum every 4 hours PRN fever greater than or equal to 100 degrees Fahrenheit. <u>Maximum of 4 grams of Acetaminophen in a 24 hour period.</u> • Acetaminophen 325 mg take 2 tablets by mouth every 6 hours as needed for pain or fever (Temp \geq 100F). <u>Max 3000 mg/day.</u> <p>Medication order was not clarified to indicate the correct maximum Acetaminophen dosage the resident can take in a 24-hour period.</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 prevent this from happening in the future, this CHO made a checklist for Hospice Admission on Medications. Under Medication, it says: - check for similar medications to make sure they are not conflicting orders.</p> <p>This Hospice Admission Checklist will be given to Hospice RNCM upon a resident is admitted to Hospice Care.</p>	<p>September.</p>

