

Office of Health Care Assurance

State Licensing Section

STATE OF HAWAII
24 OCT 16 10:02

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cachola Adult Residential Care Home #2	CHAPTER 100.1
Address: 1336 Uila Street, Honolulu, Hawaii 96818	Inspection Date: August 27, 2024 Initial

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><u>FINDINGS</u> Resident #1 – Physician ordered “Loratadine 10mg tab, take one tablet by mouth once daily as needed for allergy.” Medication administration records (MARs) do not indicate as needed (PRN) indication for aforementioned medication.</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, MAR was corrected by copying MD order as written on medication label onto MAR for PRN orders.</p>	<p style="text-align: center;">10/4/2024</p> <p style="text-align: right;">24 OCT 16 11:52</p>

	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 ordered “Loratadine 10mg tab, take one tablet by mouth once daily as needed for allergy.” MARs do not indicate PRN indication for aforementioned medication.</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>In the future, I will ensure to copy the right medication label as written to MAR for PRN orders.</p>	<p style="text-align: right; font-size: 2em;">10/4/2016</p> <p style="text-align: right; font-size: 0.8em;">24 OCT 16 AM 12:22</p> <p style="text-align: right; font-size: 0.6em;">STATE OF DC STATE BAR</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – According to May 2024 MAR, resident took “Loratadine 10mg tab, take one tablet by mouth once daily as needed for allergy” daily for entire May 2024. No documented evidence of resident’s response to PRN medications.</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 style="text-align: center;">Yes, SCG documented 'effective' in response to PRN medication.</p>	<p style="text-align: right;">a/nyby</p> <p style="text-align: right;">24 OCT 16 AM 8:2</p> <p style="text-align: right; font-size: small;">STATE BOARD OF NURSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – According to May 2024 MAR, resident took “Loratadine 10mg tab, take one tablet by mouth once daily as needed for allergy” daily for entire May 2024. No documented evidence of resident’s response to PRN medications.</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>In the future, I will ensure to remind my SCG to indicate if PRN medication is 'Effective' or 'Ineffective' by also looking at the MAR Legend.</p> <p>E = Effective I = Ineffective</p> <p>Also, myself and SCG will review MAR each time a PRN medication is given.</p>	<p style="text-align: right; font-size: 2em;">9/24/24</p> <p style="text-align: right; font-size: 0.8em;">24 OCT 16 AM 152</p>

STATE OF CONNECTICUT
DEPARTMENT OF
STATE LICENSING

Licensee's/Administrator's Signature: Mirhola
Print Name: Madolario Cachola
Date: Oct 4, 2024

STATE
DEPT. OF
STATE LICENSING
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