

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Carmelita's	CHAPTER 100.1
Address: 94-1020 Hapapa Street, Waipahu, Hawaii 96797	Inspection Date: November 7, 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> (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 ordered “Acetaminophen 325mg tablet, take 1 tablet PO every 4 hours as needed for pain, NTE 4 doses a day” & “Ibuprofen 200mg tablet, take 1 tablet PO as needed for testicular pain, NTE 2 doses a day.” Both medications are not available in facility for resident 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>I CALLED THE PCP TO RENEW AND REFILL THE MEDICATION ORDERS FOR ACETAMINOPHEN 325 MG TABLET , TAKE ONE TABLET PO EVERY 4 HOURS AS NEEDED FOR PAIN,NTE 4 DOSES A DAY.AND IBUPROFEN 200 MG TABLET, TAKE ONE TABLET PO AS NEEDED FOR TESTICULAR PAIN ,NTE 2 DOSES A DAY.MEDICATION ARE ALREADY AVAILABLE AND IT PLACE IN THE RESIDENT BIN.</p>	<p>11/08/2024</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 ordered “Acetaminophen 325mg tablet, take 1 tablet PO every 4 hours as needed for pain, NTE 4 doses a day” & “Ibuprofen 200mg tablet, take 1 tablet PO as needed for testicular pain, NTE 2 doses a day.” Both medications are not available in facility for resident use.</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>BEFORE THROWING AWAY THE EXPIRED BOTTLE OF PRN MEDICATION, ACETAMINOPHEN 325MG TABLET, TAKE ONE TABLET PO EVERY 4 HOURS AS NEEDED FOR PAIN, NTE 4 DOSES A DAY AND IBUPROFEN 200MG TABLET, TAKE ONE TABLET PO AS NEEDED FOR TESTICULAR PAIN, NTE 2 DOSES A DAY. I WILL ASK THE DOCTOR TO RENEW THE ORDERS AND REFILL IT. THEN MAKE SURE THAT THE MEDICATIONS SECURED IN THE MEDICATION CABINET. I WILL ALSO ASK MY CAREGIVER SUBSTITUTE TO RE-CHECK IF ALL MY RESIDENTS MEDICATIONS ARE AVAILABLE AT LEAST ONCE A MONTH</p>	

Licensee's/Administrator's Signature: Carmelita Casil

Print Name: Carmelita Casil

Date: Nov 13, 2024