

Office of Health Care Assurance

State Licensing Section

'24 DEC -4 11:42

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Leticia's Care Home	CHAPTER 100.1
Address: 1375 Ala Hoku Place, Honolulu, Hawaii 96819	Inspection Date: November 6, 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. (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Refrigerated medications (injectables) unsecured in the refrigerator.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>A plastic container with a lock was purchased from Longs to keep the refrigerated medications (injectables) secured in the refrigerator.</i></p>	<p>31 DEC -4 01:02</p> <p style="text-align: right;"><i>11/10/24</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Refrigerated medications (injectables) unsecured in the refrigerator.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>In the future, a locked box has to be always provided for all medications that require storage in a refrigerator, shall be properly labeled and kept in a separate locked container.</i></p>	<p>24 110 - 12</p> <p style="text-align: right;"><i>11/10/24</i></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><b><u>FINDINGS</u></b> Resident #1 – Cetirizine 10 mg 1 tablet po QD PRN for itching ordered on 4/18/24 was administered ad 2x/day, per medication administration record (MAR) from 4/18/24-4/23/24.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>24 DEC -4 2024</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #2 and Resident #3, both DD residents ARCH level of care, require assistance with injectable medications. However, there is no documentation that the primary caregiver (PCG) received training to administer the injectable medications.</p> <ul style="list-style-type: none"> <li>Resident #2 on Trulicity 1.5mg/0.5ml (single prefilled dose) inject 1.5 mg under skin every week at 0900.</li> <li>Resident #3 on Genotropin mini quick 0.6mg (single prefilled dose) inject 0.6 mg into the skin one time per day.</li> </ul> <p>Submit documentation of training with your plan of correction (POC).</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I attended an inservice meeting together with Gladys Kawelolani (SCG) and learned how to administer injectable medications on 11/12/2024. We also learned the different uses of drugs what to tell the doctor before taking or giving the drug, what things we need to know while taking the drug, to know the side effects + when to call the doctor right away, other side effects of the drug when it's best taken, what to do if a dose is missed, how to store or throw out this drug and the general drug facts. 11/12/2024</i></p>	<p>'24 DEC -4 P1:43</p>

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Licensee's/Administrator's Signature: *Tessie Fernando* 74 DEC -4 P1 73

Print Name: TESSIE FERNANDO

Date: December 2, 2024 STATE LICENSING