

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Adult DD Domiciliary Home, L.L.C.	CHAPTER 89
Address: 2235 Auhuhu Street, Pearl City, Hawaii 96782	Inspection Date: April 7, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-7 <u>Qualifications of caregiver and administrator.</u> (a)(2) The caregiver of a facility shall:</p> <p>Be CPR and first aid trained;</p> <p><b>FINDINGS</b> No verification of First Aid certification for Caregiver [REDACTED] (NOTE: Submit a copy with your plan of correction.)</p>	<p>I will make a checklist of all the requirements from now on. [REDACTED]</p>	04-21-15
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p>Every time that Physician writes new prescription, I will ask him to write it in the Physicians note form, or I will ask him to write a prescription and make a copy to attaché on</p>	04-21-15

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]	the physicians note form on the visit date. Enclosed is a copy of corrected form by the physicians.	04-21-15
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p>[REDACTED] I will make sure to read all labels carefully and log it according to the instructed label on the bottle...</p> <p>[REDACTED]</p>	04-21-15
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p>When I will give the PRN medication to the resident I will make sure to write my caregivers entries, what time the medication was given, why the medication was given and wait for the resident response to the medication.</p>	04-21-15

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]	[REDACTED] for future medication prescribed I will observed the responses of medication to residents and make sure to write down the outcome or resident response to medication after given it is to the resident.	04-21-15

Licensee's/Administrator's Signature: \_\_\_\_\_

[REDACTED SIGNATURE]

Print Name: Imelda M. Steffens-Crawford

Date: 04-21-15