

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
HCP-OMCA-ICEN-14

Facility's Name: Blue Ocean Care Home	CHAPTER 100.1
Address: 91-1030 Keoneae Place, Ewa Beach, Hawaii 96706	Inspection Date: March 5, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS Substitute care giver (SCG) [redacted]: No first aid certification. Submit copy with plan of correction (POC.)</p>	<p>[redacted]</p> <p>In the future I'll put in the calendar to remind all the staff documents (TB, CPR, First Aid and physition Exam). I'll make sure to check every month to remind them when (what) they need to do it. when they don't get it done, I'll tell them I can't work without the certification.</p>	05 MAR 2015
<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>FINDINGS [redacted]</p>	<p>[redacted]</p> <p>In the future if MAR and pharmacy label is incorrected I'll contact the doctor to clarify the</p>	07 MAR 2015

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]	order and I'll documente in the resident's progress note immediately.	
☒	<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>FINDINGS [REDACTED]</p>	<p>[REDACTED]</p> <p>In the future when the treatment is ordered, I'll document in the progress note about the resident response to treatments and medication daily. Also I'll record my observation of the resident response and any change in condition.</p>	10 MAR 2015

Licensee/Administrator's Signature: _____ [REDACTED]

Print Name: _____ [REDACTED]

Date: 12 APR 2015