

Office of Health Care Assurance

State Licensing Section

Complete Inspection Rules (Criteria)
for
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fely Irons' Adult Residential Care Home	CHAPTER 100.1
Address: 2036 Komo Mai Drive, Pearl City, Hawaii 96782	Inspection Date: January 21, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p>FINDINGS [REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS [REDACTED]</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]		
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p>FINDINGS [REDACTED]</p>		
<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>FINDINGS [REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Bedroom #1- one (1) walker, large supply of paper towels and wipes in storage.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> For Bedrooms #2 and #3 - no plastic pillow covers.</p>		

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____