

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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STATE OF HAWAII
 HEALTH SERVICES DIVISION

Facility's Name: Sweet Haven	CHAPTER 100.1
Address: 98-1274 Hooquali Place, Pearl City, Hawaii 96782	Inspection Date: December 9, 2015 Annual

	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>FINDINGS [REDACTED]</p>	<p>[REDACTED]</p> <p><i>I will train my substitute to check medication availability and notify me of missing medication.</i></p>	12/14/15
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS [REDACTED]</p>	<p>[REDACTED]</p> <p><i>I will train my substitute to check the MAR with me against current Dr's order every beginning of the month</i></p>	12/14/15

Licensee/Administrator's Signature:



Print Name: Amelia T. Fogata

Date: Dec. 30, 2015