

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: RCH – Popolo Place (DDD)	CHAPTER 89
Address: 99-193 Popolo Place, Aiea, Hawaii 96701	Inspection Date: June 24, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>11-89-14(e)(6): [REDACTED]</p> <p>[REDACTED] A draft working copy of the 90 Day Update form will be used to notate/update physician's orders to ensure the standard is met. The RN will monitor during on-site visits with the Parent Counselor to ensure all physician's orders are reflected for the next physician's visit.</p>	07/01/15
<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,</p>	<p>11-89-14(e)(12): [REDACTED]</p> <p>[REDACTED]</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>Nasonex. [REDACTED]</p> <p>[REDACTED] The Parent Counselor was reminded to document in the IE and notate on the draft working copy of the 90 Day Update form to ensure the standard is met. The RN will monitor during on-site visits with the Parent Counselor to ensure all physician's orders are reflected for the next physician's visit and follow up immediately to clarify if there is a question about the orders.</p>	<p>07/01/15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-89-18 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be submitted to the case manager within twenty-four hours from the time of the incident and shall be retained by the facility under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician shall be called immediately if medical care is necessary.</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>11-89-18(c): [REDACTED]</p> <p>[REDACTED] The Service Supervisor and the PAB clerk will ensure the verification is noted on the cover sheet of the Adverse Event Report and a copy of the fax confirmation is on file at the home.</p>	<p>07/01/15</p>

Licensee's/Administrator's Signature

Print Name:

Date: July 09, 2015