

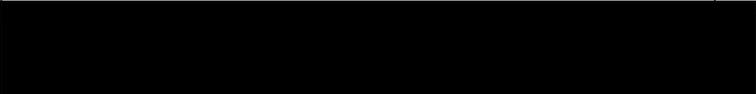
Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Yadao (DDDH)	CHAPTER 89
Address: 99-112 Puakala Street, Aiea, Hawaii 96701	Inspection Date: April 29, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p>FINDINGS One window screen in the resident's living room area was not tight fitting, as a 3/4" gap was noted to the right of the window.</p>	<p><i>In the future each time window screens are cleaned, caregiver should always make sure that window screens are tight fitting.</i></p>	5/02/15
<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>STATE OF HAWAII 15 MAY 13 P1:19 RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	FINDINGS 	 <i>In the future, if there is any change in doctor's order, caregiver should always obtain a written order for that change.</i>	<i>Effective immediately</i>

Licensee's/Administrator's Signature

Print Name:

Date: 5/11/15

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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STATE OF HAWAII
DOH-OHCA LICENSING

Facility's Name: Yadao (DDDH)	CHAPTER 89
Address: 99-112 Puakala Street, Aiea, Hawaii 96701	Inspection Date: April 29, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p>FINDINGS One window screen in the resident's living room area was not tight fitting, as a 3/4" gap was noted to the right of the window.</p>	<p>The whole frame and mesh was changed on 5/02/15.</p> <p>In the future each time window screens are cleaned, caregiver should always make sure that window screens are tight fitting.</p>	5/02/15
<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>	[REDACTED]	

	Rules (Criteria)	Plan of Correction	Completion Date
	<u>FINDINGS</u> 	 <i>In the future, if there is any change in doctor's name, caregiver should always obtain a written note for that change</i>	<i>effective immediately</i>

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: 7/11/15