

Office of Health Care Assurance

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State Licensing Section

'15 JUL -8 P2:19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
DHHS-0HCA LICENSING

Facility's Name: Zennia's (DDDH)	CHAPTER 89
Address: 94-265 Puamano Place, Waipahu, Hawaii 96797	Inspection Date: June 23, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (b) Basic first aid supplies and equipment shall be available at the facility.</p> <p>FINDINGS [REDACTED]</p>	<p>In the future, I'll check the Basic First Aid ^{kit} supplies and make sure that it has the complete and the right suggested lists of supplies inside the kit.</p>	7/8/15
<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>[REDACTED]</p> <p>To prevent this deficiency from re-occurring, I'll obtain Order of Medication from a physician every 3 months and will ^{also} make sure that it is signed by a physician</p>	7/8/15
	<p>FINDINGS [REDACTED]</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]	[REDACTED] <i>and check</i> <i>In the future, I'll make sure that every 3 month medication update that the physician has an indication of the medication's strength, dosage and frequency before leaving the clinic.</i>	7/8/15

Licensee's/Administrator's Signature: [REDACTED]

Print Name: [REDACTED]

Date: 7/8/15


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	Rules (Criteria)	Plan of Correction	Completion Date
			

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: 9/14/15