


Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

27-11-120
15 SEP 14 10:29
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Facility's Name: A & C	CHAPTER 100.1
Address: 16-508 Ohe Street, Keaau, Hawaii 96749	Inspection Date: September 4, 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</p> 	<p>Amended MAR to reflect Md order. Submitted copy of amended MAR & POC.</p> <p>In the future I will compare MD order, medication label and MAR for correct Md order for each medication.</p>	9/4/15
<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</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>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] No progress notes to reflect response to medication.</p>	<p>In the future whenever I give medication I will make sure to write a progress note immediately after giving PRN medication and document effectiveness.</p>	<p>9/4/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p>FINDINGS [REDACTED] No progress notes [REDACTED]</p>	<p>Wrote late entry progress note to reflect consultation visit [REDACTED]. Submitted late entry notes with POC. In the future I will make sure to document in the progress notes after Md visit.</p>	<p>9/4/15</p>

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: 2/8/16