

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Adult DD Domiciliary Home, LLC	CHAPTER 89
Address: 2235 Auhuhu Street, Pearl City, Hawaii 96782	Inspection Date: April 1, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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>FINDINGS For Resident #1, the caregiver entry noted that resident was picked up by personal assistant worker and would be spending the night at The November 2015 medication record reflected that the caregiver gave resident medications on and medication on ; however, this is not consistent with the caregiver entry.</p>	<p><i>For resident #1: next time that a resident goes home with medications, I will create a legend on the bottom of the medication chart (Example: F - family or at-home for the time the resident goes home.</i></p>	<p>04-11-16</p>

Licensee's/Administrator's Signature:

ImSteffens-Crawford

Print Name: Imelda M. Steffens-Crawford

Date: 04-11-16