

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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 '16 MAY -4 30:50  
 STATE OF HAWAII  
 DEPARTMENT OF HEALTH

Facility's Name: Faith Harbor Adult Care	CHAPTER 100.1
Address: 5783 Kalaniana'ole Highway, Honolulu, Hawaii 96821	Inspection Date: April 13, 2016 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><b>FINDINGS</b></p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>[REDACTED] In the future whenever hold on medicine is set, proper parameters will be MARKED OFF/highlighted on the MAR.</p> <p>[REDACTED] Going over MAR and most current medication order will be now done on the monthly basis to avoid discrepancies and errors.</p>	4/28/16
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(8)                      During residence, records shall include:</p>	<p>Amended progress notes entries were made to document [REDACTED] doctor visits, and what</p>	



	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Inventory of possessions has not been maintained</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (1)(1)  An enclosed dining area within the Type I ARCH shall be provided for residents which shall be apart from sleeping quarters but may be in continuity to the living room area. The following shall prevail:</p> <p>At least one table with twenty nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs;</p> <p><b>FINDINGS</b>  Table clearance was 28 ½ inches</p>	<p>Over time the use of table has caused the end sections (previously at 29" clearance) to loosen and lower in height. Table has been repaired to correct this deficiency.</p> <p>If the future, to prevent the table from drooping lower than the permitted height for wheelchair residents; table will be visually and with tape measure inspected for any loosening or drooping on monthly basis.</p>	<p>4/27/16</p>

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

4/29/16