

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | |
|----------------------------------------------------|------------------------------------------|
| Facility's Name: Golden Acres | CHAPTER 100.1 |
| Address: 45-525 Duncan Drive, Kaneohe Hawaii 96744 | Inspection Date: January 26, 2016 Annual |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| OK | <input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. FINDINGS [REDACTED] medications administered [REDACTED] were not documented on medication administration record (MAR). | 1. ALL MEDICATIONS ADMINISTERED [REDACTED] were signed as given by PCG on MAR 2. MEDICATION Administration record will be posted in front of refrigerator door so that after giving medication IT will be documented or signed right away by PCG or SCG. | 1-26-16 |

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____

march 14 2016