

*sent 3/9/16*

Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  
DIVISION OF HAWAII  
DHS-OHCA LICENSING

Facility's Name: Hale Nohea, L.L.C.	CHAPTER 100.1
Address: 5071 Maunalani Circle, Honolulu, Hawaii 96816	Inspection Date: December 11, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b>FINDINGS</b> Resident #1 medication administration record (MAR) no record of physician prescribed medication [redacted]</p>	<p>Resident #1 was prescribed [redacted] after released from the hospital. Although administered, this med. was not listed on MAR.</p> <p>To avoid this, two management personnel<sup>(#1 + #2)</sup> will double check MARs monthly and cross-reference MAR to monthly physicians orders.</p>	<p><i>day after inspection</i> <i>12/12/15</i></p>

Licensee's/Administrator's Signature: Patricia P. Mosher RN, CRNA, CRRN  
Print Name: PATRICIA P MOSHER  
Date: 3-9-16

Licensee's/Administrator's Signature: Patricia P. Mosher  
Print Name: PATRICIA MOSHER  
Date: 4-13-16