

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Knight's Victoria House	CHAPTER 100.1
Address: 268 Panio Street, Honolulu, Hawaii 96821	Inspection Date: December 28, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b>FINDINGS</b> Substitute Care Givers [REDACTED] No documentation of training by the primary care giver to make medications available to residents and document such action.</p>	<p>Training has always been ongoing. PCG has reviewed all sections of Substitute Caregiver Training with an emphasis on medications. Documentation of training of SCG [REDACTED] is enclosed. In future this will be reviewed annually.</p>	Jan 15/16
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under</p>	<p>Incident report was done for Resident [REDACTED]</p>	Jan 06/16

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><b>FINDINGS</b>            [REDACTED] No incident report for [REDACTED] emergency room visit.</p>	<p>In the future all Residents who have any illness that requires visit to ER will have an Incident Report done as well as notes in Prog. notes in chart</p>	<p>Jan 06/16</p>

Licensee's/Administrator's Signature: [REDACTED]

Print Name: [REDACTED]

Date: March 18, 2016