

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ohiia Elder Care, Inc. #III	CHAPTER 100.1
Address: 429B Uluhaina Street, Kailua, Hawaii 96734	Inspection Date: May 24, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p> <p><u>FINDINGS</u> Resident #1, diet order reads, however, no physician/APRN order to use</p>	<p>-Physician's office called for order</p> <p>-To prevent similar deficiency in the future, I have assigned my substitute caregiver to double check all orders for completeness.</p>	5/25/16
<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><u>FINDINGS</u> Resident #1, APRN office visit note reads, Please request clarification of a specific medication.</p>	<p>-Physician contacted for Resident #1. Order clarification obtained</p> <p>- To prevent similar deficiency in the future, I will clarify regarding the specifications of orders with the APRN/Physician right away prior to leaving the office.</p>	5/25/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> No sign outside bedroom or building entrance pertaining to "NO SMOKING-OXYGEN IN USE". Bedroom #1, two (2) small oxygen tanks in stands, four (4) small oxygen tanks on the floor of closet. Hallway, one (1) large oxygen tank/stand.</p>	<p>- NO SMOKING-OXYGEN IN USE sign was placed at the main entrance door of the house.</p> <p>- To prevent similar deficiency in the future, I have added into my admission checklist to always put signs at the door if client is on oxygen</p>	5/24/2016

Licensee's/Administrator's Signature: Norma Tenorio R.N.

Print Name: Norma Tenorio R.N.

Date: 8/26/2016