

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

7:10
 10/19/15
 STATE OF HAWAII
 DEPARTMENT OF HEALTH

Facility's Name: Suenaga II	CHAPTER 100.1
Address: 45-390 Kamehameha Highway, Kaneohe, Hawaii 96744	Inspection Date: August 19, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident [REDACTED] No documentation of response to PRN medications: [REDACTED]</p>	<p>There is nothing I can do to fix the lack of documentation in response to the PRN medication. However, I now understand that under 100.1 rules I was to document the response to PRN meds.</p> <p>WASP To ensure this deficiency doesn't happen again I will make sure everyone who gives meds is trained to wait the appropriate amount of time for the medication to have effect and check with the resident to see if there has</p>	8/25/15

	Rules (Criteria)	Plan of Correction	Completion Date
		<p>been any effect from the medication. They will also be instructed to document the effects in the resident's chart.</p> <p>I will develop a policy that address this specific deficiency & have all parties read & sign that they acknowledge the procedure.</p>	

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: 3/24/16