

Office of Health Care Assurance

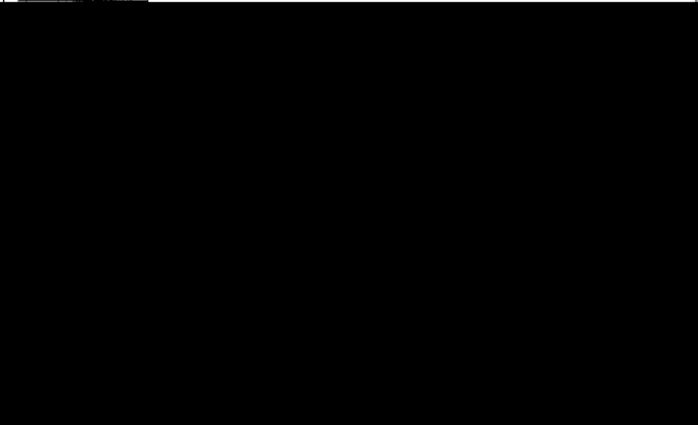
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ohana	CHAPTER 100.1
Address: 2011 Kaumualii Street, Honolulu, Hawaii 96819	Inspection Date: December 11, 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>FINDINGS SCG #1 – No documentation of training to make medications available to residents.</p>	<p><i>In the future, I have to make sure that all substitute caregivers must receive the proper training on how to make medications available to residents and document that training was done</i></p> <p>SCG #1 - Training checklist done</p>	<p>11/30/16</p>
		<p><i>Developed a policy & procedure and a checklist regarding medication administration</i></p> <p><i>Complete checklist on the 1st day of being a substitute</i></p>	<p>6/13/14</p>

<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(3) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p>		<p>REC-8 03</p>
	<p>Have sufficient knowledge and experience in nursing techniques to care for the residents, including taking vital signs, observing for medication efficacy and any untoward reactions;</p> <p><u>FINDINGS</u> No documentation of substitute care giver training for seizure precautions.</p>	<p>Seizure Precautions training given to all substitute caregivers and completion of training was documented.</p>	<p>1/30/14</p>
		<p>We will do a yearly informative inservice regarding the specialized care for our residents regarding the knowledge and care needed</p>	
		<p>To take care of our residents with different kind of precaution Seizure precaution added to the Substitute Caregiver Training checklist</p>	<p>1/20/16</p>

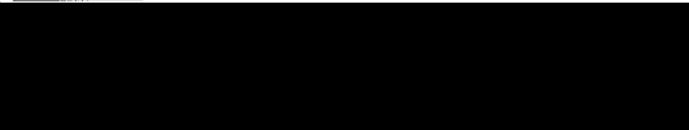
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS</p> 	<p>In the future, I would be more careful in transcribing meds on the medication record.</p> <p>I have to be very careful in checking what's written in the sheet signed by the MD and what's written in the MAR.</p> <p>I have to double check what's ordered and what was on the medication bottle and make sure they are the same.</p>	<p>ongoing</p> <p>ongoing</p> <p>ongoing</p>
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§11-100.1-15 Medications. (f)
Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.

FINDINGS



In the future, I would be more careful in transcribing medications on the new MAR.

ongoing

I would be more careful in transcribing medications by reviewing and comparing with the previous MAR to ensure there are no missed medications on new MAR.

ongoing

As soon as I get home from doctor's office, I make sure review the med orders and I transcribe it to the MAR as soon as possible

Licensee's/Administrator's Signature: Carmen Dona

Print Name: CARMEN DONA

Date: 2/1/2016

STATE OF CALIFORNIA
LICENSING BOARD
16 FEB -8 P3:39

Licensee's/Administrator's Signature: Carmen Dona

Print Name: CARMEN DONA

Date: 3/15/16

Licensee's/Administrator's Signature: Carmen Dona

Print Name: CARMEN DONA

Date: 6/13/16

Licensee's/Administrator's Signature: Carmen Dona

Print Name: CARMEN DONA

Date: 7/20/16