

Office of Health Care Assurance

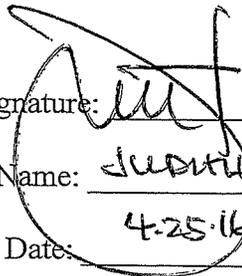
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pohai Nani Ahui Laulea	CHAPTER 100.1
Address: 45-090 Namoku Street, Kaneohe, Hawaii 96744	Inspection Date: October 13, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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><b>FINDINGS</b> [REDACTED]</p>	<p>Completed. See attachment</p>	<p>10/31/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><b>FINDINGS</b> [REDACTED]</p>	<p>Completed. See attachment</p>	<p>December, 2015</p>

Licensee's/Administrator's Signature:



Print Name:

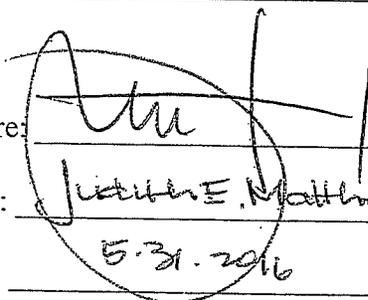
JUDITH E. MATTHEWS BSJ RN

Date:

4.25.16

2

Licensee's/Administrator's Signature:



Print Name:

Judith E. Matthews RN Director

ARCH/AL

Date:

5.31.2016

Facility's Name: POHAI NANI AHUI LAULEA

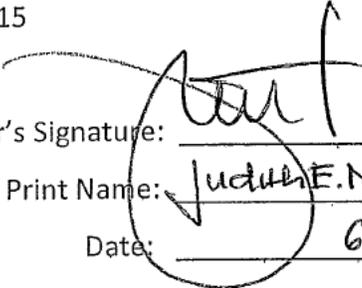
Plan of Correction

RULES:

§11-100.1-15 Medications. (e)

- Resident #1 plan of care has been corrected to show that [REDACTED] gets up at [REDACTED] daily and has breakfast [REDACTED]. See attachment 1A.
- All staff has been educated on procedures to follow to ensure that medications are given as ordered and correlates with plan of care. See attachment 1B

Completed on: 10/31/2015

Licensee's/ Administrator's Signature: 

Print Name:

Judith E. Matthews BSN RN Director A/ARCH

Date:

6.30.16

Facility's Name: POHAI NANI AHUI LAULEA

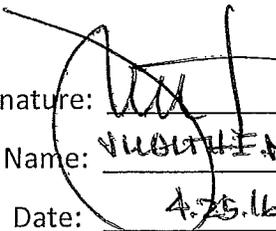
Plan of Correction

RULES:

§11-100.1-17 Records and reports. (a)(7)

- Height has been added to resident's chart.
- A check list has been established to be used on all new admissions, posted in front of chart for items that need to be completed. RN Manager will check list within 24 hours of admission for completion. See attachment 1B.

Completed on: December 2015

Licensee's/ Administrator's Signature: 

Print Name: VIOLETTE MATHEWS RN, A

Date: 4.25.16