

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Zennia's (DDDH)	CHAPTER 89
Address: 94-265 Puamano Place, Waipahu, Hawaii 96797	Inspection Date: June 16, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (b) Basic first aid supplies and equipment shall be available at the facility.</p> <p>FINDINGS The first aid kit contained medications, such as [REDACTED]</p> <p>A triangular bandage was not available.</p>	<p>Triangular bandage is already bought and now available.</p> <p>The medications in the 1st aid kit were removed.</p> <p>substitute Care Giver and I will check daily ^{with} the 1st aid kit supply lists with the 1st aid kit. If there is something missing, it will be replaced immediately.</p>	<p>6/28/16</p> <p>6/16/16</p>

<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p>	<p>Resident # 1 [redacted] medication record was found in the old file. I'll let the substitute Care Giver to double check the medication record daily to make sure, nothing is missing. If document is missing follow-up will be done immediately. Document will be placed in the 6/28/16 chart when found.</p>
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<p>Pls see attached</p>	<p>6/28/16</p>
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<input checked="" type="checkbox"/>	<p>§11-89-18 Records and reports. (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p>FINDINGS For Resident #1, there were no caregiver entries available for [REDACTED]</p>			
		<p>Pls see attached</p>	<p>6/28/16</p>	

Resident #1 Care Giver entries for [REDACTED] were found in the old file.

To prevent ^{from} recurring this deficiency, I'll let the substitute Care Giver to check the monthly entries monthly to make sure nothing is missing. If a care giver entry is missing follow up will be done immediately. When found, it will be returned in the chart. If not found, Care Giver will make a late entry.

Licensee's/Administrator's Signature: Zenia Agpava
 Print Name: Zenia Agpava
 Date: 6/28/16

Licensee's/Administrator's Signature: Zenia Agpava
 Print Name: Zenia Agpava
 Date: 9/9/16