

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2016
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NAME OF PROVIDER OR SUPPLIER 15 CRAIGSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 15 CRAIGSIDE PLACE HONOLULU, HI 96817
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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4 000	11-94.1 Initial Comments A State relicensing survey was completed at 15 Craigside from 9/07/16 through 9/09/16. At the time of entrance the facility resident census was 37.	4 000	15 Craigside is committed to ensure that all medications and biologicals are stored in locked compartments under proper temperature controls.	
4 194	11-94.1-46(k) Pharmaceutical services (k) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. This Statute is not met as evidenced by: The facility, in accordance with State and Federal laws, failed to store all drugs and biological's at the proper temperature to preserve the integrity. Findings include: On 9/09/16 at 8:43 a.m., in an observation of the medication storage room, _____ were found in a drawer. Directions on the package read that _____ must be kept in the refrigerator until opened. LN #1 confirmed that these _____ should be stored in the refrigerator. In an interview with the Director of Nursing (DON) _____ validated that the policy stated to follow directions on insert. The DON verified that medications labeled to store in the refrigerator should not have been stored in the drawer.	4 194	On 9/15/2016 the policy entitled "Medication Reordering and Delivery Acceptance" was reviewed and revised to include storage of medication and entitled "Medication Reordering, Delivery and Storage ". See attached On 9/9/2016 huddles were held with all LNs to review the process and importance of storage of medications and biologicals under proper temperatures. By 10/4/2016 all LNs were trained on proper storage of medications, the rationale and importance of this and the effect on the resident should this not be adhered to. Ongoing monitoring and evaluation will be conducted by all LNs, QA Nurse and DON.	9/15/2016 9/9/2016 10/4/2016 9/9/2016 and ongoing

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

Administrator

(X6) DATE

9/29/16