

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 96818	Inspection Date: December 21, 2016 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING SECTION

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><u>FINDINGS</u> Resident #1 no activity schedule in record or posted.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Activity schedule made for resident #1</i></p>	<p style="text-align: center;"><i>1/10/17</i></p> <p style="text-align: right;">RECEIVED JAN 13 12:19 PM '17 STATE OF CONNECTICUT DEPARTMENT OF HUMAN SERVICES</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-16 (h)	<p style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> </p> <p style="text-align: center;"> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? </p> <p style="text-align: center;"> <i>I will follow the admission checklist to ensure that everything completed</i> </p>	<p style="text-align: center;"><i>ongoing</i></p> <p style="text-align: right;"> <small>RECEIVED</small> <small>JAN 13 12:19</small> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u> Resident #1 two emergency data sheet available one has no medications listed, the other has discontinued medication as current. Emergency data sheet not updated with current medication orders.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>New emergency data sheet made for resident #1</i></p>	<p style="text-align: center;"><i>1/10/17</i></p> <p style="text-align: right;"> <small>RECEIVED</small> <small>JAN 13 12:19</small> <small>DAVID A. L...</small> </p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-17 (e)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Follow the checklist to make sure meds are written down and forms completed.</p> <p>Once meds are discontinued I will update Emergency Data sheet to reflect changes.</p> <p>Emergency Data sheet will be checked and updated every month and as needed</p>	<p style="text-align: center;"><i>ongoing</i></p> <p style="text-align: right;">RECEIVED 17 JAN 13 P12:19 DAN O'NEAL LIBRARY</p>

Licensee's/Administrator's Signature: Carmen Dona

Print Name: CARMEN DONA

Date: 1/13/17

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DEPARTMENT OF LICENSING