

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hawaii Kai ARCH	CHAPTER 100.1
Address: 308 Kuliouou Road, Honolulu, Hawaii 96821	Inspection Date: February 14, 2017 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.

17
01:13

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 physician orders dated 2/10/17 read, "Cipro 500 mg now then BID x7d." Medication not listed on the medication administration record (MAR) and not signed as given or held. Progress notes indicate along with the pill count that the medication has been given however nothing signed for on the MAR to indicate if medication was given.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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 WROTE DOWN IN THE MAR AND MADE IT AVAILABLE AS ORDERED AND SIGNED.</p>	<p style="text-align: center;">3-28-2017</p> <p style="text-align: right;">M1:13</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-15 (m)	<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;"> IN THE FUTURE, I WILL WRITE DOWN IN THE MAR AS SOON AS ORDERED AND MAKE SURE MY SUBSTITUTE WILL CHECK OR DOUBLE CHECK THE DOCTOR'S ORDER. </p>	<p style="text-align: right;">3-28-2017</p> <p style="text-align: right; font-size: small;">M1:13</p>

Licensee's/Administrator's Signature: Belarmina Ref

Print Name: BELARMINA ROL

Date: 3-28-2017

Belarmina Ref

M113