

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: One Kalakaua Senior Living	CHAPTER 100.1
Address: 1314 Kalakaua Avenue, Honolulu, Hawaii 96826	Inspection Date: January 4 & 5, 2017 Biennial

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

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(A)(iii) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Self-medication:</p> <p>Residents may keep and use over-the-counter medications in their unit without a written order unless otherwise indicated by a physician or prescribing advanced practice registered nurse's written orders;</p> <p><u>FINDINGS</u> Resident #1 physician orders dated 7/27/16 reads, "Acetaminophen 325 mg tablets, 2 tabs orally every ___ hours* not to exceed 3G total in 24 hours PRN for pain or temp > 99F." No frequency in order and not clarified by staff. Invalid order.</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>Order clarified with physician and new order with frequency obtained.</p>	<p style="text-align: center;">1/5/17</p> <p style="text-align: right;">17 JAN 32 AM 9:42</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-90-8 (b)(3)(A)(iii)	<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> <ol style="list-style-type: none"> 1. In the future, when the RN reviews the physicians' orders/POS (Physician Order Sheet), we will schedule an additional RN to double check the orders to ensure frequency, as well as all other required information, is present and both RN's will sign off on the Physician Order Sheet. 2. We will also retrain all licensed nurses on proper review of orders received from the physician and when clarification may be necessary. 	<p style="text-align: center;">1/26/17 and ongoing</p> <p style="text-align: center;">1/31/17</p> <p style="text-align: right; font-size: small;">DPM MICA LILLY 17 JAN 32 AM 9:42</p>

Licensee's/Administrator's Signature: DR

Print Name: DEE ROBINSON

Date: 1-31-17

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