

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: 'Ano' Ano, L.L.C.	CHAPTER 100.1
Address: 54-2489 Kynnersley Road, Lot C, Kapa'au, Hawaii 96755	Inspection Date: August 30, 2016 Annual

**IMMEDIATE ADVISORY**

**POSTING OF DEFICIENCIES AND PLANS OF CORRECTIONS**

If you fail to submit a plan of correction (POC) within ten (10) working days of receipt of your Statement of Deficiencies (SOD): Your SOD will be posted on the Department of Health (DOH) website with the following statement:

**"POC NOT RECEIVED AS OF <DATE>"**

If you initially submit an unacceptable POC (UPOC), you have ten (10) working days to submit an acceptable POC. If the revised POC is still unacceptable, your SOD will be posted on the DOH website with the following statement:

**"POC NOT ACCEPTABLE"**

If you initially submit an unacceptable POC (UPOC), but you fail to submit a revised POC, your SOD will be posted on the DOH website with the following statement:

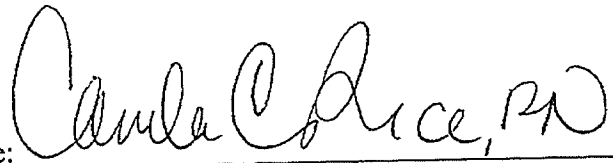
**"POC NOT ACCEPTABLE"**

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1, physician order dated July 26, 2016 read, "Risperidone 1 mg/ml solution administer 0.25 ml po qhs." However, no medication on hand since August 21, 2016. No documentation that physician was aware.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>1. Physician was notified on 8/30/2016 to discontinue Risperidone due to medication NOT being available.</p> <p>2. Progress note was made to document why there was no medication available and that physician (West Hawaii Community Health) was notified.</p>	<p>8/30/16</p>

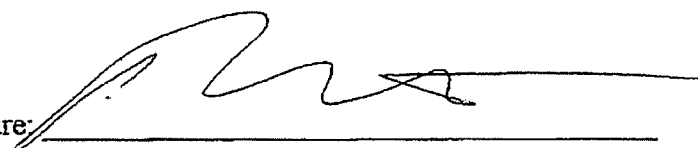
	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-15 (e)	<p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1) Contact MD and pharmacy when medication 14 days prior to medication running out.</p> <p>2) And And will have weekly medication checks every Monday for med count.</p> <p>3) progress notes will be written for all noted medication orders not received or by Pharmacy due to LATE shipments</p> <p>4) And And will use calendar to remind staff to check medication count. Pharmacy binder will be checked by staff on same day.</p> <p>5) Inservice provided to all staff - 8/20/16</p> <p>6) Order will be sent in to MD. to get new order to discontinue medication until medication becomes available.</p>	8/30/16


	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f)  Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b>  Resident #1, admitted on July 26, 2016, no July 2016 medication record.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>On 9/1/16, MAR was located and noted to be misfiled.</p> <p>Inservice all staff to file patients record in chart correctly.</p>	<p>9/1/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	RULE # §11-100.1-15 (f)	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">CHO and Lead Nurse Aide will double check prior to MARs being filed at end of the month.</p>	9/1/16

Licensee's/Administrator's Signature:   
Print Name: CAMELA C. RICE, RN  
Date: 9/20/2016

---

Licensee's/Administrator's Signature:   
Print Name: MARC MELTON  
Date: 10-7-2016

Licensee/Administrator's Signature:   
Print Name: MARC MELTON  
Date: 11-15-2016

---