

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: A Better Living	CHAPTER 100.1
Address: 83 Kilani Avenue, Wahiawa, Hawaii 96786	Inspection Date: November 24, 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.

	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><u>FINDINGS</u> Resident #1 physician ordered medication Metoprolol 100mg was administered on February 27 and 28, 2017 without blood pressure and pulse recording on resident medication administration record (MAR).</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><i>BP + Pulse that was taken on 2/27 & 28, 2017 had been recorded on (Feb 2017) MAR.</i></p>	<p style="text-align: center;"><i>11/24/17</i></p>

	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><u>FINDINGS</u> Resident #1 physician ordered medication Metropolol 100mg was administered on February 27 and 28, 2017 without blood pressure and pulse recording on resident medication administration record (MAR).</p>	<p style="text-align: center;">PART 2</p> <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 style="text-align: center;"><i>Write down BP/HR immediately in the MAR so I can ✓ parameters before giving med.</i></p>	<p style="text-align: right;"><i>2/9/18</i></p>

Licensee's/Administrator's Signature: [Handwritten Signature]

Print Name: Mang Ann Mc Murray

Date: 2/9/18

Licensee's/Administrator's Signature: [Handwritten Signature]

Print Name: Mang Ann Mc Murray

Date: 10/20/17