

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Kaimuki Senior Care, L.L.C. (918)</b>	<b>CHAPTER 100.1</b>
<b>Address: 918 12<sup>th</sup> Avenue, Honolulu, Hawaii 96816</b>	<b>Inspection Date: December 26 and 27, 2017 Annual</b>

**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> (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 #2: Medication Administration Record (MAR) missing administration initials on April 30, 2017 for Calcium 600mg + Vitamin D 400IU at 1700 hrs.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">MSC = Manoa Senior Care</p> <p>DON reviewed with all staff in the home the following established Manoa Senior Care Medication Guidelines:</p> <ul style="list-style-type: none"> <li>-All medication should be signed off right after a medication is given under the correct date/time box.</li> <li>-At the end of the shift, all medications administration records should be checked to ensure all medications are appropriately signed off.</li> </ul>	<p style="text-align: center;">11/8/18 RW</p>

	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>FINDINGS</b> Resident #2: Medication Administration Record (MAR) missing administration initials on April 30, 2017 for Calcium 600mg + Vitamin D 400IU at 1700 hrs.</p>	<p style="text-align: center;"><b>PART 2</b></p> <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>To prevent reoccurrence, it has been reinforced will all current staff that at the end of each shift report, the medication administration records should be checked to ensure all boxes are signed off appropriately. The DON/ADON will do periodic random audits to ensure compliance.</p>	<p>1/8/18 + ongoing</p>

