

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: ORI – Unit #10 (DDDH)	CHAPTER 89
Address: 64-1498 Kamehameha Highway, Wahiawa, Hawaii 96786	Inspection Date: July 12, 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>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> A security screen door with a working deadbolt was added to the back exit, which now exceeded the total allowable locks for an exit. The wooden door already had two locks, a deadbolt and thumbturn lock.</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>The lock on the screen door was removed.</p>	<p style="text-align: center;">7/13/17</p>

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<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> A security screen door with a working deadbolt was added to the back exit, which now exceeded the total allowable locks for an exit. The wooden door already had two locks, a deadbolt and thumbturn lock.</p>	<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>In the future any request for changes to the structure(s) will be the Program Coordinator to check if in compliance. Only those changes that will be in compliance will be approved. The ORI CM and/or Prog. Coordinator will do a walk through each month to ensure the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p>	<p style="text-align: center;">7/13/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (b) Basic first aid supplies and equipment shall be available at the facility.</p> <p><u>FINDINGS</u> The first aid kit contained medication sample packets, such as Burn Relief and Antibiotic Ointment.</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>The sample packets of Burn Relief and Antibiotic ointment was removed.</p>	<p style="text-align: center;">7/12/17</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (b) Basic first aid supplies and equipment shall be available at the facility.</p> <p><u>FINDINGS</u> The first aid kit contained medication sample packets, such as Burn Relief and Antibiotic Ointment.</p>	<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>The Program Coordinator notified the suppliers of ORI's first aid kits, Cintas, to not include medications sample packets. The ORI CM and/or Prog. Coordinator will check the first aid kits when they arrive and also check during monthly walkthrough of the facility to assure only basic first aid supplies and equipment are available.</p>	<p>7/13/17</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> For Resident #1, Melatonin 5 mg tablet, take 1 tablet at bedtime, was started on October 14, 2016; however, a physician order was not found. The medication administration record noted that it was ordered by the physician on October 13, 2016. Melatonin 5 mg tablet was listed on the 3-month medication update of November 21, 2016.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(11) Medications:</p> <p>Discontinued or outdated medications shall be disposed of by flushing down the toilet.</p> <p>FINDINGS For Resident #1, a bottle of Ibuprofen 400 mg tablets that expired on April 27, 2016 was found in the resident's medication container.</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><i>The ibuprofen 400 mg that expired on April 2016 was removed from the resident's medication container and the expired medication was flushed down the toilet.</i></p> <p><i>The resident's physician was contacted and a new physician's order was obtained.</i></p> <p><i>A new bottle of ibuprofen 400 mg tablet was purchased, per physician's order and placed in the resident's medication container</i></p>	<p style="text-align: center;"><i>7/12/17</i></p> <p style="text-align: center;"><i>7/13/17</i></p> <p style="text-align: right;"><i>18 JUN -7 PM '17</i></p>

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

Print Name: SUSANNA F. CHEUNG, President / CEO

Date: 3/08/2018

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

Print Name: Susan Hudson

Date: 6/08/18

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