

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pohai Nani 'Ahui Nani	CHAPTER 100.1
Address: 45-090 Namoku Street, Kaneohe, Hawaii 96744	Inspection Date: October 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>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – Medication orders not reevaluated and signed by the physician every four months.</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> <ul style="list-style-type: none"> • Resident seen by MD on 10/12/17 current medication list reviewed by M.D. on 10/12/17. • Last visit with M.D. on file noted on 7/17/17. • POS last signed 5/9/2017 by MD. 	<p style="text-align: center;">10/12/17</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #1 – Height measurement not taken on admission.</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>* Resident #1's height taken on 10/12/17 during visit with PCP, form filed in resident's chart.</p>	<p style="text-align: center;">10/12/17</p>

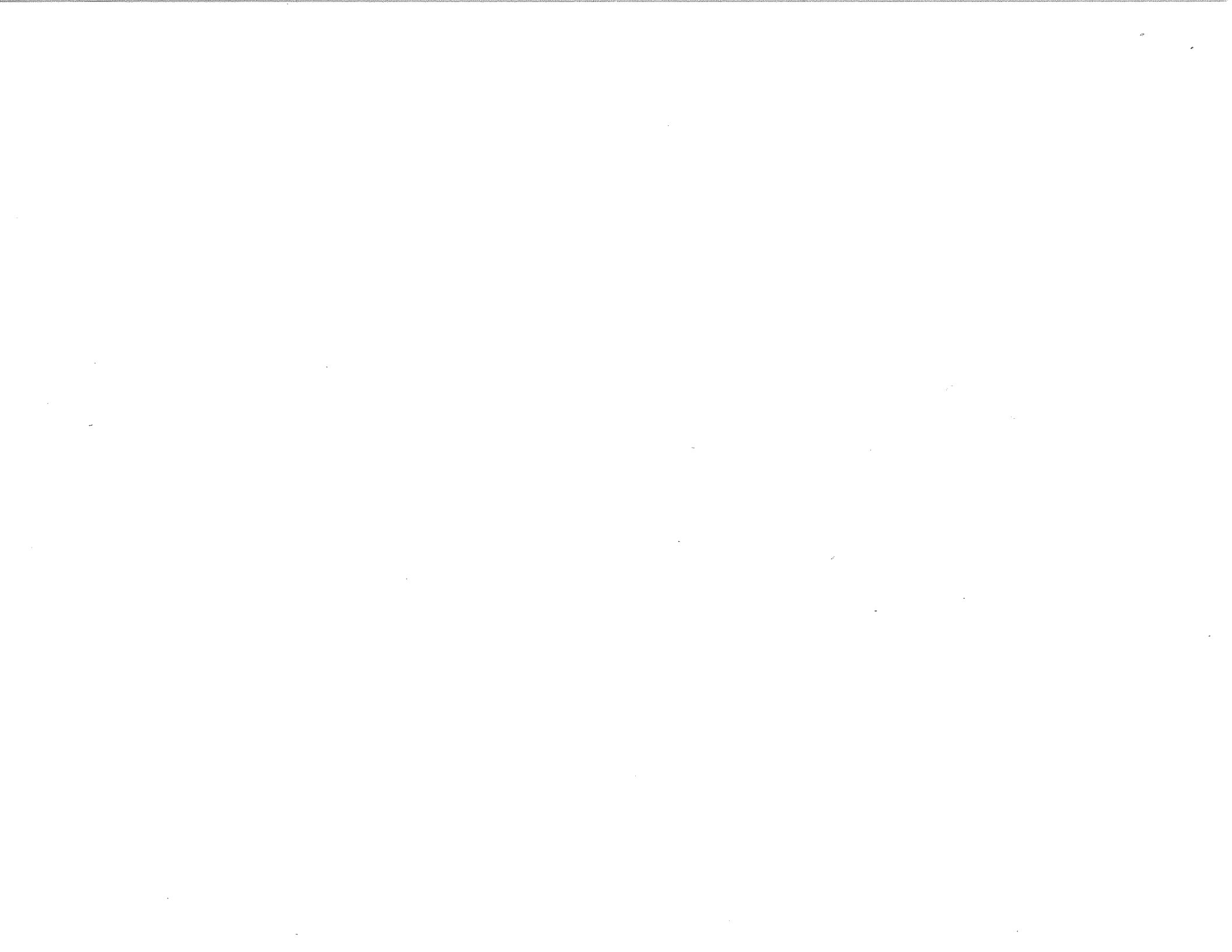
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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (d) When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute caregiver. Any change in physician or APRN orders shall be promptly carried out.</p> <p><u>FINDINGS</u> Resident #1 lost five (5) lbs. from August 2017 to September 2017, and another five (5) lbs. from September 2017 to October 2017; however the physician was not notified.</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>• Resident #1 seen by PCP on 10/27/17, vital signs and weight recorded.</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 20px auto;"> <p style="text-align: center;">cant correct</p> </div>	<p style="text-align: center;">10/27/17</p>

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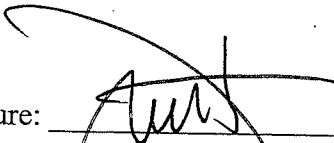
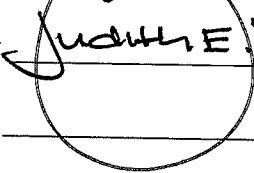
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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____

JUDITH E. MATTHEWS BSN, RN

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