

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Pohai Nani 'Ahui Olu</b>	<b>CHAPTER 100.1</b>
<b>Address: 45-090 Namoku Street, Kaneohe, Hawaii 96744</b>	<b>Inspection Date: October 12, 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>. (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 –</p> <ul style="list-style-type: none"> <li>• Benzonatate order from 5/3/2017 states, "Take 1 cap every 8 hours as needed for cough." Medication administration record (MAR) states, "Swallow 1 cap by mouth 3 times a day x 10 days for cough." Medication order and MAR do not match.</li> <li>• 2 different orders for Polyethylene Glycol 3350 signed on 9/27/2017. One order says, "drink once daily," and the other order says, "as needed." Medication orders do not match.</li> </ul>	<p style="text-align: center;"><b>PART 1</b> <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>• Benzonatate medication administered 5/3/2017- 5/14/2017 based on directions from AVS summary and directions on medication label.</p> <p>• Based on AVS from MD appointment on 12/12/17, order for Polyethylene Glycol 3350 17grams/dose: Dissolve 17 grams in 8 ounces of water, then drink once daily.</p> <p>Last POS signed: 5/3/17, Last MD visit on 9/27/17 with order for "drink once daily."</p>	

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	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><b><u>FINDINGS</u></b> Medication order for Vitamin D3 not included on 9/27/2017 medication reevaluation; however, it is still being administered.</p>	<p style="text-align: center;"><b>PART 1</b> <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>PCP updated on medication order, order included in AVS for resident's last visit to MD on 12/12/17.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b><u>FINDINGS</u></b> Inventory of Resident #1's possessions last updated on admission – 9/10/2016.</p>	<p style="text-align: center;"><b>PART 1</b> <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><i>Resident's personal property inventory reviewed and updated on 10/18/17.</i></p>	<p><i>10/18/17</i></p>

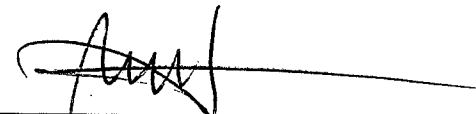
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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b><u>FINDINGS</u></b> Fire drills do not contain the time taken to safely evacuate residents from the building.</p>	<p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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Licensee's/Administrator's Signature: \_\_\_\_\_

A handwritten signature in black ink, appearing to be 'Julie Matthews', written over a horizontal line.

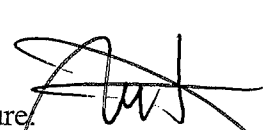
Print Name: \_\_\_\_\_

JULIE MATTHEWS BSWA

Date: \_\_\_\_\_

3-29-18

Licensee's/Administrator's Signature



Print Name:

Judith E. Matthews BSN, RN

Date:

1-26-2018