

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| <b>Facility's Name:</b> Yoon's care home                         | <b>CHAPTER 100.1</b>                       |
| <b>Address:</b><br>1754 Komo Mai Drive, Pearl City, Hawaii 96782 | <b>Inspection Date:</b> May 4, 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)<br/>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><br/>Resident #1 - "Digoxin 0.05 mg/ml 2.5 ml via G tube daily Hold if HR &lt; 60" ordered 1/17/17; the following was noted:</p> <ul style="list-style-type: none"> <li>• 1/25/17 HR = 58; the medication was initialed as taken by the resident</li> <li>• 3/11/17 HR = 58; the medication was initialed as taken by the resident</li> </ul> | <p style="text-align: center;">PART 1</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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Will make check list to train for specific medication and will use check list every quarterly

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| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3)<br/>During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 - Progress notes did not reflect the resident's response to medication as noted in a fax coversheet to the physician on 1/17/17 which noted the resident "having hard time walk, body is very stiff."</p> | <p>PART 1</p> <p><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: Young Yoon  
Print Name: Young Yoon  
Date: 12/30/17

Licensee's/Administrator's Signature: Young Yoon  
Print Name: Young Yoon  
Date: 3/27/18

Licensee's/Administrator's Signature: Young Yoon  
Print Name: Young Yoon  
Date: 5/17/18