

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oililua Senior Care, Inc. #II	CHAPTER 100.1
Address: 711 Oneawa Street, Kailua, Hawaii 96734	Inspection Date: November 21, 2018 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE WITHOUT YOUR RESPONSE.

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	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><u>FINDINGS</u></p> <p>Resident #1 no signed physician orders for medications on admission 1/31/18. PCG used nurse signed orders from previous care facility until first physician visit in September 2018.</p>	<p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<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><u>FINDINGS</u></p> <p>Resident #1 no signed physician orders for medications on admission 1/31/18. PCG used nurse signed orders from previous care facility until first physician visit in September 2018.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 style="text-align: center;"><i>similar</i></p> <p><i>To prevent future deficiency I will use a check list for admission (prior to) making sure that admission orders especially medications orders are signed by physician.</i></p>	<p style="text-align: right;"><i>11/21/2018</i></p> <p style="text-align: right;">'18 NOV 29 P2:47</p> <p style="text-align: right;">STATE OF HAWAII DON-ORCA STATE LICENSING</p> <p style="text-align: right;">RECEIVED</p>

Licensee's/Administrator's Signature: Norma Tenorio RN

Print Name: Norma Tenorio RN

Date: Nov. 21, 2018

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