Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Serenity Hawaii Carehome LLC	**CHAPTER 100.1**
Address: **94-559 Apii Place, Waipahu, Hawaii 96797**	**Inspection Date: January 10, 2019 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #1 – No documentation that the diet order was clarified with the physician. "Regular, fine chopped" is not a standard diet order.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I called the Doctor to clarify diet order (Regular).	1/~~31~~ 16/19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 – Physician's note on 9/28/18 stated "Simvastatin 20 mg tab, take 1 tab by mouth every night at bedtime." On 11/28/18 and 6/3/18, Physician's orders read "Simvastatin 10mg, 1 tab qd. Simvastatin 10mg was administered without change in dosage.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I called the Doctors office and had them correct the error.	~~1/21/19~~ LE 1/14/19

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: 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; **FINDINGS** Resident #1 – Cephalexin was administered for 10 days from 9/27/18 to 10/7/18 for skin infection. In progress notes, PCG documented skin conditions but did not document Cephalexin was administered.	**PART 1** I will document more on the Resident Response to medication, treatment, diet, care plan. Overall more documentation is needed. **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	1/16/19

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Licensee's/Administrator's Signature: Lawrence Evans

Print Name: Lawrence EVANS

Date: 1/16/19

Licensee's/Administrator's Signature: Lawrence Evans

Print Name: LAWrence EVANS

Date: 2/19/19

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