

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|   |   |
|---|---|
| Facility's Name: Nita's                               | CHAPTER 100.1                             |
| Address:<br>98-029 Lii-Ipo Street, Aiea, Hawaii 96701 | Inspection Date: February 26, 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.**

RECEIVED

MAR 08 2019

|                                     | RULES (CRITERIA)   | PLAN OF CORRECTION   | Completion Date                                  |
|-------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b)<br/> The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><b><u>FINDINGS</u></b><br/> First aid kit was not maintained:</p> <ul style="list-style-type: none"> <li>• Brown particles scattered in the first aid box</li> <li>• Expired topical ointments in the first aid box</li> </ul> <p>Please do not keep over-the-counter products in the first aid kit. You must secure all medications. Any medication must have a label that reflects the name of the resident and order.</p> | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><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> <ol style="list-style-type: none"> <li>1. <i>Removed brown particles in the first aid box</i></li> <li>2. <i>The Primary care giver disposed of the 2 tubes of ointments (expired)</i></li> </ol> | <p style="text-align: center;"><i>3/5/19</i></p> |

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|-------------------------------------|---|--|---|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (h)(1)<br/>Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><b><u>FINDINGS</u></b><br/>Permanent register not maintained. Register reads census of five (5); however, Resident #2 transferred on 05/27/18.</p> | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><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>Primary care giver entered the date and place when the resident was transferred to another care giver and (the) write the condition in the register</i></p> | <p style="text-align: right;"><i>3/5/19</i></p> |

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Licensee's/Administrator's Signature: Chian Domingo

Print Name: Anita Domingo

Date: March 5, 2019