

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Adult DD Domiciliary Home LLC	CHAPTER 89
Address: 2235 Auhuhu Street, Pearl City, Hawaii 96782	Inspection Date: April 14, 2020 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered Lorazepam 0.5mg, 1 tab, qd, PRN from 9/24/2019 to 1/14/2020. Not listed in medication administration record (MAR).</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>2/2/2020</p>

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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p>FINDINGS Resident #1 – Physician ordered Lorazepam 0.5mg, 1 tab, qd, PRN from 9/24/2019 to 1/14/2020. Not listed in medication administration record (MAR).</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><i>my future plan will be: when the doctor prescribe any medication and PRN medication, I will write them all on the medication chart. I will have to review all records at the end of the ^{every} month. I will also let my son, my substitute to check the records everytime he come here to visit. If not sure I will call my consultant for advise so I will not have the same mistake again.</i></p>	<p style="text-align: right;"><i>B-20-20</i></p>

Licensee's/Administrator's Signature: Im Steffens - Crawford

Print Name: Imelda M. Steffens - Crawford

Date: 04 - 24 - 20

Licensee's/Administrator's Signature: Im Steffens - Crawford

Print Name: Imelda M. Steffens

Date: 5 - 20 - 20

04-24-20
05-20-20