

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Bobby Benson Center</b>	<b>CHAPTER 98</b>
<b>Address: 56-660 Kamehameha Highway, Kahuku, Hawaii 96731</b>	<b>Inspection Date: July 8, 2020 Annual</b>

**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.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-98-10 <u>Minimum standards for licensure; administrative and organizational plan.</u> (e)(10)(H)  Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p>Policies and procedures relative to general rules regarding residents' records, including:</p> <p>The facility's responsibility to secure the information under lock against loss, distribution, defacement, tampering, or use by unauthorized persons;</p> <p><b><u>FINDINGS</u></b>  White correction tape used on "Medication Name" section for "Abilify (Aripiprazole) 5mg" on January 2020 Medication Administration Record (MAR).</p>	<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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<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure: administrative and organizational plan.</u> (e)(10)(H)  Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p>Policies and procedures relative to general rules regarding residents' records, including:</p> <p>The facility's responsibility to secure the information under lock against loss, distribution, defacement, tampering, or use by unauthorized persons;</p> <p><b><u>FINDINGS</u></b>  White correction tape used on "Medication Name" section for "Abilify (Aripiprazole) 5mg" on January 2020 Medication Administration Record (MAR).</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (5) Individual records shall be kept on each resident which contain the following:</p> <p>Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries;</p> <p><b><u>FINDINGS</u></b> Resident #3 – Physician was not consulted within five (5) days of admission. Resident was admitted 3/6/2020. Documented evidence showed consultation with physician was on 3/16/2020.</p>	<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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Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_