

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kina Ole Estate Elua, LLC	CHAPTER 100.1
Address: 45-225 William Henry Road, Kaneohe, Hawaii 96744	Inspection Date: April 21, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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>FINDINGS Resident #2 – Physician order for Milk of Magnesia states, “30 ml orally daily as needed for no bowel movement x3 days.” Medication label states, “5 ml orally daily s needed for: no bowel movement x3 days.” Order and medication label do not match. Clarify with physician.</p>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>yes, deficiency was corrected by sending in a clarification order to doctor. Doctor responded to discontinue Milk of Magnesia. PCG discontinued medicine from MDR and disposed of medication.</p>	05/04/2020

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<input checked="" type="checkbox"/>	<p>\$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.</p> <p>FINDINGS Resident #2 – Physician order for Milk of Magnesia states, “30 ml orally daily as needed for no bowel movement x3 days.” Medication label states, “5 ml orally daily s needed for no bowel movement x3 days.” Order and medication label do not match. Clarify with physician.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>2 people (PCG & RN) to double check all orders in MAR with medication bottles or blister packs against physician orders. If discrepancy is found, PCG will send a clarification order to physician.</p> <p>UPON receiving medication, PCG & SCG, will check medication label with physician order to make sure they both MATCH.</p>	4/21/2020

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (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 and #2 – Monthly progress notes do not include observations of the residents' response to medications.	<p style="text-align: center;">PART 1</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>	<p style="text-align: center;">2011-11-29</p>

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Licensee's/Administrator's Signature:



Print Name:

TAYLOR "MOKONA" WEEKS

Date:

4/21/2020