

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Funtanilla (DDDH)</b>	<b>CHAPTER 89</b>
<b>Address: 1020 Hulakui Drive Honolulu, Hawaii 96818</b>	<b>Inspection Date: August 4, 2021 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.**

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

SEP 13 P 3:18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Although progress notes document changes in medications they do not document care givers observations of resident's response the medication changes.</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>	<p style="text-align: right;">21 AUG 16 4 8 PM '06</p> <p style="text-align: right;">STATE OF HAWAII  <small>DEPT OF HEALTH</small>            STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b>FINDINGS</b> Resident #1 – Although progress notes document changes in medications they do not document care givers observations of resident's response the medication changes.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>Caregiver post reminder on the refrigerator door and resident's chart to document response to medication changes in the resident's chart when there's medication changes and call the doctor immediately for any adverse effect. Everytime the caregiver sees the posted reminder, she will remember to write down what she notice about the resident's response to the medication changes in the resident's chart and call the doctor if the resident is not responding well.</i></p>	<p>09/08/2021</p> <p style="text-align: right;">21 SEP 13 P 3:18</p> <p style="text-align: right; font-size: small;">STATE OF PENNSYLVANIA DEPT. OF HEALTH STATE LICENSING</p>

Licensee's/Administrator's Signature: Norma C. Funtanilla

Print Name: NORMA C. FUNTANILLA

Date: September 28, 2021

STATE OF HAWAII  
DOMESTIC  
STATE LICENSING

21 SEP 13 P 3:19

Licensee's/Administrator's Signature: Norma C. Funtanilla

Print Name: NORMA C. FUNTANILLA

Date: August 07, 2021

21 AUG 16 18:06  
STATE OF HAWAII  
DMV-DHCA  
STATE LICENSING