

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ohanalani L.L.C.	CHAPTER 100.1
Address: 5339 Oio Drive, Honolulu, Hawaii 96821	Inspection Date: October 13, 2021 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.

NOV 04 2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. FINDINGS Resident #1 - Medication order for Muro 128% NaCl eye ointment was not clarified to reflect/match the medication label and medication administration record (MAR). Physician signed order dated 6/23/21 reads, "Muro 128% NaCl eye ointment at HS (OS)." However, medication label and MAR read, Muro 128% NaCl eye ointment apply <u>1/4 inch to left lower lid</u> at HS."	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>On 10/20/21, resident had an appointment and had her update and clarify medication order to match the medication administration record and medication label.</i></p>	<p><i>10/20/21</i></p>

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<input checked="" type="checkbox"/> §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. FINDINGS Resident #1 – There's no documentation that below physician order dated 3/3/21 was given or administered. <ul style="list-style-type: none"> • Daily Cranberry tab for bladder health 	<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>Starting 10/14/21, medication started and added on to medication administration record. On 10/20/21, medication orders updated and reviewed with MD during MD appointment.</p>	<p style="text-align: center;">10/14/21</p> <p style="text-align: center;">NOV 04 2021</p>

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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary. FINDINGS Resident #1 – No incident report generated regarding left leg skin tear sustained on 2/10/21, as noted in February 2021 progress notes.	<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;">NOV 04 2021</p>

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NOV 04 2021

Licensee's/Administrator's Signature:

NORA V. SORIANO-TRIAS

Print Name:

NORA V. SORIANO-TRIAS

Date:

10/31/21