

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Lehua Carehome	CHAPTER 100.1
Address: 984 Ala Lehua Street, Honolulu, Hawaii 96818	Inspection Date: October 7, 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.

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

22 JAN 14 P 1:03

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p><u>FINDINGS</u> Resident #1 -</p> <ul style="list-style-type: none"> • "Carbamide Peroxide (Debrox) 6.5% otic drops instill 5 drops into affected ears 2x/day up to 4 days" ordered 1/15/21, however, not listed on medication administration record until 2/16/21. Medication was not available until 2/16/21. Progress notes do not inform that medication was not given due to medication not available. • 1/15/21 progress note notes no medication changes were made however, two medication changes were made: Decrease in Lexapro and order for Debrox. • Progress notes for 4/2021 do not inform on resident's issue with lesion and subsequent excision and testing results of lesion on nose. 	<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;">See notes attached. For progress notes.</p> <p>Changes on medication was written in progress note while surveyor @ care home. (See notes attached)</p> <p>late entry in progress note care regarding (A) nose lesion. (See notes attached)</p>	<p style="text-align: right;">1/15/21</p> <p style="text-align: right;">As needed</p> <p style="text-align: right;">1/15/21</p> <p style="text-align: right;">As needed</p> <p style="text-align: right;">1/15/21</p> <p style="text-align: right;">As needed</p> <p style="text-align: right;">JAN -6 P12:27</p>

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Licensee's/Administrator's Signature: Romeo P. Valdez

Print Name: Romeo P. Valdez

Date: 10/8/21

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STATE OF HAWAII
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STATE LICENSING

Licensee's/Administrator's Signature: Ali Valdez

Print Name: OSARMENT, VALDEZ

Date: 01/14/2022

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