

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pacific Quest – Awapuhi	CHAPTER 98
Address: 15-1973 4 th Avenue, Keaau, Hawaii 96749	Inspection Date: February 28, 2022 – Annual

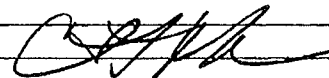
THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

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
<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure; administrative and organizational plan.</u> (c) 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><u>FINDINGS</u> Resident #1 – duplicate medication orders dated 01-19-22 and 02-05-22 read, "Vitamin D3 5,000 IU Take one (5,000 IU) capsule by mouth AM"</p>	<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>Duplicate Vitamin D3 order omitted from resident medication administration record on 2/28/22 at 15:10. Resident medication log checked to determine if nutritional supplement was prepared for self administration twice, and it was determined that Vitamin D3 5000 IU was prepared for self administration one time daily in AM since 1-19-22 and had never been self-administered twice daily. Resident and staff initials corroborated this finding. All other resident supplement entries audited and there were no duplicate findings.</p>	2/28/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure; administrative and organizational plan.</u> (e) 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><u>FINDINGS</u> Resident #1 – duplicate medication orders dated 01-19-22 and 02-05-22 read, "Vitamin D3 5,000 IU Take one (5,000 IU) capsule by mouth AM"</p>	<p>PART 2</p> <p><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>Currently, a Medication Administration Record (MAR) Audit occurs 1x weekly by program RN. To ensure this duplicate supplement order does not happen again, this audit will be checked by two medical professionals (medical director, consulting physicians, and program nurses) on a weekly basis. During the audit the MAR will continue to be cross referenced with the resident's field wellness plan (FWP) and medication signature pages.</p>	03/07/22

Licensee's/Administrator's Signature: _____



RECEIVED

MAR 21 2022

Print Name: CHRISTOPHER KAISER

Date: 03/10/2022

RECEIVED

MAR 21 2022