

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: ORI - House 2A	CHAPTER 89
Address: 64-1510 Kamehameha Highway, Wahiawa, Hawaii 96786	Inspection Date: November 2, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

NOV 24 3:03 PM
STATE LICENSING SECTION
OFFICE OF HEALTH CARE ASSURANCE

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – Progress notes for 9/2/2021 indicated that the dentist recommended over the counter (OTC) Ibuprofen for possible dental pain. No dentist's written order was obtained. No documentation that the order was clarified with the dentist.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><u>FINDINGS</u> Resident #1 – “Banophen 25mg cap, take 1 cap 3x a day as needed for rash, continue until rash clear” was listed in MAR from 10/16/2021 to current. Physician's order dated 10/14/2021 was “Banophen 25mg capsule, 1 cap QID prn rash, continue until rash clears.” Physician’s order and MAR do not match.</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>The medication administration record have been revised and was given a new copy to the caregiver for her to follow the right instruction.</p>	<p>11/03/21</p> <p style="text-align: right;">21 NOV 24 P 3:03</p> <p style="text-align: right; font-size: small;">STATE OF ID 001-010A STATE L.P.S.</p>

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	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><u>FINDINGS</u> Resident #1 – The resident was admitted on 6/1/2021. No progress notes made for the admission.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>21 MAY 24 P 3:03</p> <p>STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (g)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Permanent general register not maintained. One (1) discharged resident and one (1) admission were not recorded.</p>	<p>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>The General Registry have been revised indicating the date when a client was hospitalized.</p>	<p>11/09/21</p> <p>21 NOV 24 P 3 03</p> <p>STATE OF MONTANA DOH-ORS STATE LICENSES</p>

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Licensee's/Administrator's Signature: *Susanna F. Cheung*

Print Name: Susanna F. Cheung, President/CEO

Date: November 22, 2021

Licensee's/Administrator's Signature: *Susanna F. Cheung*

Print Name: Susanna F. Cheung, President/CEO

Date: 02/18/2022

STATE OF ARIZONA
DEPARTMENT OF
STATE LICENSING

21 NOV 24 P 3:03