

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Aiea Heights Senior Living	<b>CHAPTER 100.1</b>
<b>Address:</b> 99-1657 Aiea Heights Drive, Aiea, Hawaii 96701	<b>Inspection Date:</b> May 7, 2020 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>§11-100.1-15 <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.</p> <p><u>FINDINGS</u> Resident #1 – Medication orders for Morphine Sulfate ranging from 0.25 ml – 1 ml, dependent upon pain level, do not specify PRN status.</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><i>A correction of the deficiency was done by doing the following:</i></p> <p><i>An order was faxed to the APRN on May 19, 2020 to sign the new order for clarification to indicate PRN status for Morphine Sulfate ranging from 0.25ml to 1ml dependent on pain level.</i></p> <p><i>Received fax back with a signature from the APRN on 5/21/2020.</i></p> <p><i>The order was then verified by the receiving nurse and reverified by a second nurse with a countersignature.</i></p> <p><i>After verification by two nurses the MAR along with the POS was updated to reflect the correction.</i></p>	<p>5/21/2020</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (h)  All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Telephone order on 6/12/2019 for Lactulose, not signed by physician or APRN within four (4) months.</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>	

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<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><b><u>FINDINGS</u></b> Resident #1 and #2 – Monthly progress notes do not include observations of the residents' response to medications.</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>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(2)(B) Bedrooms:</p> <p>Floor space:</p> <p>Beds shall be placed at least three feet apart in multiple occupant bedrooms;</p> <p><b><u>FINDINGS</u></b> Two (2) beds in Bedroom #1 not placed at least three (3) feet apart.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Bed was relocated across the room and measured to ensure beds are more than 3 feet apart.</p>	<p>5/10/2020</p>



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Licensee's/Administrator's Signature: Satoru Izutsu, Ph.D.

Print Name: SATORU Izutsu

Date: 5/29/20