

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Care Homes by Hale Makua	CHAPTER 100.1
Address: 1540 Lower Main Street, Wailuku, Hawaii 96793	Inspection Date: October 21, 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 22 P3:28

STATE OF HAWAII
DEPT. OF HEALTH
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS Resident #1 – Medication orders for Lactulose signed on 4/21/2021 and 8/3/2021 state, “Lactulose 15 ml orally twice daily and once daily as needed.” No documented evidence that the physician was contacted to clarify this order.</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>Corrective action</p> <p>Lactulose daily as needed was present on admitting orders. Orders received on 7/2/21 for AM dose and on 7/14/21 for QHS dose but removed from chart during thin out process. Telephone orders should have remained in the chart for survey review so changes in medication match and are clear.</p> <p>On 10/21/21 Lactulose as needed order was discontinued d/t non-use.</p>	<p>21 NOV 22 P3:28</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
<p>11/12/21</p> <p>21 NOV 22 P3:29</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LAWYERS</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>Systemic changes and monitoring</p> <p>Primary Caregiver (PCG) will conduct monthly physician order audits on all residents to ensure telephone orders are present and match quarterly medication recertification. Any discrepancies will be immediately corrected.</p> <p>Date of correction Compliance will be met by 11/12/21 and ongoing basis.</p>	<p><input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – Medication orders for Lactulose signed on 4/21/2021 and 8/3/2021 state, "Lactulose 15 ml orally twice daily and once daily as needed." No documented evidence that the physician was contacted to clarify this order.</p>

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Licensee's/Administrator's Signature:

[Handwritten Signature]

Print Name:

TISHA AKCHI

Date:

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STATE OF HAWAII
DHHS
STATE LICENSING