

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kahuanani Hale	CHAPTER 100.1
Address: 94-284 Kahuanani Place Waipahu, Hawaii 96797	Inspection Date: August 5, 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 -</p> <ol style="list-style-type: none"> 1. Carvedilol 25mg, take 1 tab PO 2x per day was decreased to 12.5mg 2x per day on 2/18/20, however, medication administration record (MAR) does not reflect decreased dose. Month of March 2020 also still reflecting the 25mg dose. 	<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>AUGUST 12, 2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: Kauai Stone

Print Name: Kauai Stone

Date: 08 - 12 - 2020

11-100.1-15 Medications (e)

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To ensure consistency, completeness, accuracy and thoroughness when creating a medication administration record, all caregivers have been trained by Kahuanani Hale; training covered accuracy when creating a M. A. R. - checking for accuracy on medication bottles, physician's medication orders, and the administration records. All inaccuracies with medications shall be documented, notify prescribing physician, immediately corrected on the M. A. R. and documented in resident's binder.

Completion date : 08 - 12 - 2020



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