STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Kuike Bayside, LLC	CHAPTER 100.1
Address: 45-212 Kaneohe Bay Drive, Kaneohe, Hawaii 96744	Inspection Date: July 6 & 7, 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.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year. **FINDINGS** Resident #1 – No initials on medication administration record indicating Trazodone was given on 4/10/2022 and 4/27/2022.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Please See Attached	7/19/22

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Substitute Care Giver (SCG) #1 – On annual physical exam form, the physician indicated the substitute care giver is not able to cope with the responsibilities of caring for elderly and disabled persons.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Please See Attached	7/19/22

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11-100.1-09 (a)

Substitute Care Giver (SCG) #1 Physician mistakenly marked the incorrect response. (SCG) #1 revisited physician to correct the documentation.

To prevent this from happening again, the Director of Nursing and Nursing Coordinator will review all forms once they are received and clarify concerns as needed.

Scott Gardiner
Administrator
7/19/22

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11-100.1-15 (g)

Correcting the deficiency after-the-fact is not practical/ appropriate. For this deficiency, only a future is required.

To prevent this from happening again, the Director of Nursing and Nursing team will routinely review medication records to confirm medication administration is conducted according to the physician and/or APRN's orders. Any discrepancy will be brought to the attention of the Director of Nursing for immediate resolution.

Scott Gardiner
Administrator
7/19/22

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Licensee's/Administrator's Signature: [signature]

Print Name: Scott Gardiner

Date: 7/19/22

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