Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Emergency Shelter/Emergency Respite	**CHAPTER 98**
Address: **94-483 Apowale Street, Waipahu, Hawaii 96797**	**Inspection Date: October 4, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-98-12 Minimum standards for licensure; services. (5) Individual records shall be kept on each resident which contain the following: Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries; **FINDINGS** Resident #1 – No documented evidence of physician notification within five (5) days of admission on file.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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☒	§11-98-12 <u>Minimum standards for licensure; services</u>. (5) Individual records shall be kept on each resident which contain the following: Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries; **<u>FINDINGS</u>** Resident #1 – No documented evidence of physician notification within five (5) days of admission on file.	**PART 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-98-12 <u>Minimum standards for licensure; services</u>. (14) Individual records shall be kept on each resident which contain the following: A complete record of each medication utilized by the resident; **<u>FINDINGS</u>** Resident #1 – Physician ordered "Cognitive Health capsule, 1 capsule with breakfast daily," "Multivitamin 1 tab PO daily," "Omega 3 (fish oil) 1 soft gel PO daily with food," and the "Melatonin 5mg 1 tab daily at bedtime PO." No medication label observed on aforementioned medications.	**PART 1** **<u>DID YOU CORRECT THE DEFICIENCY?</u>** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**	

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☒	§11-98-12 Minimum standards for licensure; services. (14) Individual records shall be kept on each resident which contain the following: A complete record of each medication utilized by the resident; **FINDINGS** Resident #1 – Physician ordered “Cognitive Health capsule, 1 capsule with breakfast daily,” “Multivitamin 1 tab PO daily,” “Omega 3 (fish oil) 1 soft gel PO daily with food,” and the “Melatonin 5mg 1 tab daily at bedtime PO.” No medication label observed on aforementioned medications.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?**	

Licensee's/Administrator's Signature: ____

Print Name: ____

Date: ____