

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hokulaki Senior Living, L.L.C.	CHAPTER 100.1
Address: 45-217A William Henry Road, Kaneohe, Hawaii 96744	Inspection Date: October 24 & 25, 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.

23 JAN 17 P 3:41
 THE STATE OF HAWAII
 DEPARTMENT OF HEALTH
 CASE LICENSING

	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>FINDINGS Resident #1 – Physician order from 12/2/2021 states, “Check fasting glucose once daily in the morning and as needed for hypoglycemia/hyperglycemia. Medication administration record states “Blood sugar checks q am. Fasting blood sugar check as needed for hypoglycemia/hyperglycemia.” Blood sugar was not taken in the mornings as ordered.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: center;">(See Attached)</p>	<p style="text-align: center;">10/31/22</p> <p style="text-align: center;">23 JAN 17 P 3:41</p>

STATE LICENSING
 DIVISION
 2023 JAN 17 P 3:41

	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 – Physician order from 12/2/2021 states, "Check fasting glucose once daily in the morning and as needed for hypoglycemia/hyperglycemia. Medication administration record states "Blood sugar checks q am. Fasting blood sugar check as needed for hypoglycemia/hyperglycemia." Blood sugar was not taken in the mornings as ordered.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">(See Attached)</p>	<p style="text-align: center;">10/31/22</p> <p style="text-align: center;">23 JUN 17 P 3:41</p> <p style="text-align: center;">STATE LICENSING</p>

11-100.1-15 Medications. (e)

Correcting the deficiency after-the-fact is not practical or appropriate at this time.

Future Plan:

1. Had an Inservice with staff of new deficiency. Informed staff again that all Physicians' and APRN's orders written on 'the Physician's Order Form' found in the resident's medical chart must be checked and reviewed and most importantly, followed. Blood Sugar level results will continue to be written on the 'Daily Monitoring Flow Sheet' Record under 'BS Level' Time/Results. It will also be noted on the MAR, the location where the blood sugar level results were written. An asterisk (*) will be used to indicate location.
2. PCG and designated substitute will check and review PMD's 'Physician's Order Form' that all orders including Blood Sugar checks, medications, etc. have been noted and transcribed to designated places such as Medication Administration Records (MARs); 'Daily Monitoring Flowsheet' records, and to other forms being used by Hokulaki Senior Living carehome.
3. PCG, Care Home Administrator, designated substitute will randomly check the residents' Medical Record for the last signed PMD/APRN order, making sure that all medication orders; treatment and procedural orders have been checked, re-checked and correctly transcribed to the designated and appropriate forms. This will be done when the PMD's initial order was written, then every month to every 3 months thereafter to check for accuracy and missing records.
4. Report any discrepancy to RN.

Completion Date: October 31, 2022

23 JAN 17 12:44
 STATE OF HAWAII
 DEPARTMENT OF HEALTH
 STATE LICENSED
 Myrlam Tabaniag, RNC, PCG

Licensee's/Administrator's Signature: Myrian R. Tabanlag, R.R., P.C.E.

Print Name: MYRIAM R. TABANLAG

Date: OCTOBER 31, 2022

STATE OF MISSISSIPPI
DEPARTMENT OF
STATE LICENSING

23 JAN 17 P3:41