STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kaamilo Hale LLC	CHAPTER 100.1
Address: 98-570 Kaamilo Street, Aiea, Hawaii 96701	Inspection Date: October 18, 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.

22

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. FINDINGS Resident #1 – Medication order for Tramadol dated 9/20/2:022 = 50 mg – Take ½ tab orally every six (6) hours as needed for pain. Medication label = Tramadol 50 mg – Take ½ tab orally twice daily. No documented evidence of routine order available for medication.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY ON 16/18/22, Notified MD/ Hospice of missing order, Received Written a Signed order from MD Same day	10/18/22

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	\$11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. FINDINGS Resident #1 – Medication order for Tramadol dated 9/20/2022 = 50 mg – Take ½ tab orally every six (6) hours as needed for pain. Medication label = Tramadol 50 mg – Take ½ tab orally twice daily. No documented evidence of routine order available for medication.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Prior to starting any new medication change, a Written order will be in the resident's that or the resident's that here faxed or PORB' order. All faxes received will be immediately placed in	Date
EL COMPANY OF THE PARTY OF THE		chart	10/18/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
minerals, and formulas, shall be in by a physician or APRN. FINDINGS Resident #1 – Melatonin missing	All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 – Melatonin missing from medication orders signed on 6/16/2022, but still appeared on medication	PART 1	
	STATE OT PARAME STATE LIOENSING	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	

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	§11-100.1-15 Medications. (3) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.	PART 2 <u>FUTURE PLAN</u>	
	FINDINGS Resident #1 – Melatonin missing from medication orders signed on 6/16/2022, but still appeared on medication admir istration record (MAR).	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
		We will have a 2-person	
		Checklist. Myself & one other staff member	
1.17009		will review meds match	
**************************************	PIZ :05	current orders, prior to being sent into the	
a de la companya de l	7 NOV -7 STANTE OF HA DOTH CHO.	MD office for review	10/31/22
	22		

Licensee's/Administrator's Signature:

Print Name:

Date:

Vascovich

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