

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ke Ola Pono	CHAPTER 98
Address: 845 22 <sup>nd</sup> Avenue, Honolulu, Hawaii 96817	Inspection Date: March 10, 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.**

STATE OF HAWAII  
BOH-CHCA  
STATE LICENSING

22 JUN 27 P1:12

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure, services.</u> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician ordered “Nicotene lozenge 2mg.” and “Nicotene gum 2mg.” No medication label on aforementioned medications.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Resident received NRTs from PATH Clinic. The Clinic generated a label that included the resident's name, medication &amp; dosage/frequency of taking the NRTs. This is part of PATH Clinic's Smoking Cessation services.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOSH STATE LICENSING</p>	<p style="text-align: center;">3-17-22</p> <p style="text-align: center;">22 JUN 27 P1:12</p>

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<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician ordered “Nicotene lozenge 2mg,” and “Nicotene gum 2mg.” No medication label on aforementioned medications.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">Agency Nurse talked with the Clinic Manager at PATH regarding the need for a medication label for NRTs provided by clinic. Clinic has agreed to generate labels for all NRT products distributed to the Oia Pono residents.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p style="text-align: center;">3-16-22</p> <p style="text-align: center;">22 JUN 27 P 1:12</p>

Licensee's/Administrator's Signature: Candace P

Print Name: Candace Pang

Date: 3-24-22

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

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