

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Pearl City Specialized Residential Services Population</b>	<b>CHAPTER 98</b>
<b>Address: 1668 Hoohulu Street, Pearl City, Hawaii 96782</b>	<b>Inspection Date: October 27, 2021 Annual</b>

**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
<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>FINDINGS</b> Resident #1 – Physician ordered, “Trazadone 100mg tablets, give 1 tab PO every bedtime PRN” on 7/20/2021 and “Albuterol sulfate 90mcg, give 2 puffs every 4 hours PRN” on 8/1/2021. Physician did not specify as needed (PRN) indication for either medication.</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>Physician Orders for PRNs were reviewed with prescribing physician and noted with the following correction by 10/29/2022:</p> <ul style="list-style-type: none"> <li>• Trazadone 100mg tablets, 1 tab PO every bedtime PRN for insomnia.</li> <li>• Albuterol Sulfate 90mcg, give 2 puffs every 4 hours PRN when wheezing.</li> </ul>	<p style="text-align: center;">10/29/2021</p>

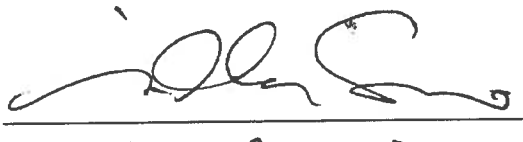
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Licensee's/Administrator's Signature: 

Print Name: Hilda Sue, Program Director

Date: 05/09/2022