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*6/29/22*  
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Office of Health Care Assurance

State Licensing Section

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

Facility's Name: Po'ailani Dual Diagnosis Program	CHAPTER 98
Address: 553-A Kawainui Street, Kailua, Hawaii 96734	Inspection Date: May 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.**

STATE OF HAWAII  
BOH-ODCA  
STATE LICENSING

22 JUN 21 AM 10:09



	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 “Diphenhydramine 50mg capsule, 1 capsule by mouth every 6 hours as needed.” No as needed (PRN) indication on physician order, medication administration record and medication label.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Obtained clarification from provider that medication is PRN for medications side effects. Documented now on medication administration record and medication label.</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p>6/20/22</p> <p>22 JUN 21 AM 1:09</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 “Diphenhydramine 50mg capsule, 1 capsule by mouth every 6 hours as needed.” No as needed (PRN) indication on physician order, medication administration record and medication label.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, any orders received that do not clarify what a PRN medication is prescribed for, for instance the site nurse will <del>clarify</del> clarify with provider and obtain written documentation of the reason for the PRN medication and write on medication administration record and medication label.</p> <p>Jeanne Lemon, APRN and Dr. Corey Dillman, CCO will assist each site nurse at respective location sites to make sure orders are complete.</p>	6/20/22

Licensee's/Administrator's Signature: Abby R Paul  
Print Name: Abby R Parades  
Date: 6/20/2022

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