

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hiki Mai Ka Lā	CHAPTER 98
Address: 94-371 Kahuawai Street, Waipahu, Hawaii 96797	Inspection Date: March 9, 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  
DEPARTMENT OF  
STATE LICENSING

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	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> Various medications on "Consent to Store and Administer Over the Counter Medications/First Aid and Standing Orders" form not available for resident usage.</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>To correct the deficiency, additional medication on the OTC list have been purchased for the facility. The list of medications will be revised to be more condensed so the program can better keep the medication on the list available in the facility. The RN will update the Clinical Lead if medication is about to expire or needs to be replenished during their weekly visits to the facility.</p>	<p>6/25/22</p>

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Licensee's/Administrator's Signature: \_\_\_\_\_

*Amanda Pump*

Print Name: Amanda Pump, Chief Program Officer

Date: 6/27/2022

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