

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Women's Way	CHAPTER 98
Address: 845 22 nd Avenue, Honolulu, Hawaii 96816	Inspection Date: March 1, 2023 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 LICENSING SECTION
MAY 22 PM 12:53
23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (5) Individual records shall be kept on each resident which contain the following:</p> <p>Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries;</p> <p><u>FINDINGS</u> Resident #1 – Physician notification of resident admission sent after five (5) days of admission.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>'23 MAY 22 P12:53</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (5) Individual records shall be kept on each resident which contain the following:</p> <p>Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries;</p> <p><u>FINDINGS</u> Resident #1 – Physician notification of resident admission sent after five (5) days of admission.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>When a client does not have a PCP to notify, the nurse will continue to take the first appointment available to establish care & document notification to PCP of client's treatment status & appropriate coordination of care. The nurse will alert the PCP of the 5 day timeframe & work with PCP to meet this deadline. Status will be documented. Nurse will review weekly for PCP assignment & response.</p>	<p>23 JUN -7 PM 2:15</p> <p>STATE OF UTAH DEPT. OF HEALTH STATE LICENSING</p>

	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><u>FINDINGS</u> Resident #1 – Physician ordered “Buspirone 10mg tablet, 1 tablet three times a day by oral route” on admission. Throughout the January & February 2023 medication administration record (MAR), aforementioned medication was only given twice daily. No documented evidence if the third dose was either given to the resident, refused, or held.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>23 MAY 22 P12:53</p> <p>STATE OF HAWAII DEPT. OF HEALTH STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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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>FINDINGS Resident #1 – Physician ordered “Ibuprofen 400mg tab, take 1 tablet every 4 hours by oral route as needed for pain,” “Acetaminophen 500mg tab, take 2 tablets every 6 hours by oral route as needed for headache/fever,” and “Aripiprazole 10mg tablet, take 1 tablet by oral route daily as needed.” No documented evidence of as needed (PRN) indications for aforementioned medications on resident’s February 2023 MAR.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>23 MAY 22 PM 2:53</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: Candace R

Print Name: Candace Pang

Date: 5.18.23

STATE OF ILLINOIS
DEPT. OF REVENUE
STATE LICENSING

23 MAY 22 PM 2:53