

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

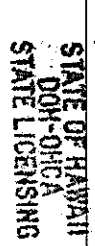
Facility's Name: C.A.R.E. Cottage #2	CHAPTER 98
Address: 100 Apoke Street, Hilo, Hawaii 96720	Inspection Date: April 24, 2023 Annual

**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 OF HAWAII  
DOH-ONCA  
STATE LICENSING

23 JAN 29 AM 3:49

	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> 11-98-12(14): Resident #1 – Physician ordered “Acetaminophen 500mg 2 tabs PO every 6 hours PRN headache.” No medication label on medicine bottle.</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>Consulted with RN after inspection and advised her to label PRN OTC medication appropriately, according to Care Hawaii guidelines. RN completed as directed and this RN supervisor confirmed with Nurse on duty that it was completed, as well as nurse on following shift.</i> </p>	<p style="text-align: center;">04/24/2023</p> <p style="text-align: center;">    <b>23 JUN 29 AM 1:49</b> </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>FINDINGS</b> 11-98-12(14): Resident #1 – Physician ordered “Acetaminophen 500mg 2 tabs PO every 6 hours PRN headache.” No medication label on medicine bottle.</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>Completed medication handling/ procedures training on 05/19/2023 at mandatory monthly staff meeting. Specifically reviewed procedures for labeling PRN medications and covered that it needs to be done on admission, once Medical Director gives orders for medications. Will continue to review this procedure with nurses during annual training, with reminders at monthly meetings and individual supervision.</p>	<p>05/19/2023</p> <p style="text-align: right;">23 JUN 29 AM 1:49</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

Licensee's/Administrator's Signature:

*[Handwritten Signature]*

Print Name:

*Tennifer Thorpe, RN supervisor*

Date:

*06/08/2023*

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