

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Hoonani Care Home, LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 65-1267B Lindsey Road, Kamuela, Hawaii 96743</b>	<b>Inspection Date: August 29, 2023 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.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)</p> <p>All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b> Resident #1 –</p> <ol style="list-style-type: none"> <li>1. Medication order for Acetaminophen 500 mg orally every evening, changed on 8/17/2023 to Acetaminophen 500 mg orally every morning and evening. Medication label does not reflect additional morning dose.</li> <li>2. Medication order for Ferrous Sulfate 325 mg orally twice a day, changed on 8/17/2023 to ferrous Sulfate 325 mg orally once every other day. Medication label does not reflect change to every other day.</li> </ol>	<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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e)</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Order for Loperamide = 2mg – take <u>1</u> capsule PO initially for loose stool, followed by 1 capsule after every loose stool, PRN. (Do not exceed 6 capsules in 24 hours.) Medication administration record (MAR) states, “Loperamide 2mg – Take <u>2</u> capsules PO initially for loose stool, followed by 1 capsule after every loose stool, PRN. (Do not exceed 6 capsules in 24 hours.)</p> <p>MAR does not accurately reflect medication order.</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>	

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

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_