

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gaylord's	CHAPTER 100.1
Address: 1723 Malanai Street, Honolulu, Hawaii 96826	Inspection Date: June 2, 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
BOH-OHCA
STATE LICENSING

23 AUG -7 P 4:03

	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><u>FINDINGS</u> Resident #1 – Physician order dated 3/17/23 and renewed on 3/13/23 and 5/1/23 reads, “Tums 300 mg (750 mg) Chewable give 1-2 tabs po after every meal PRN for indigestion. However, the medication bottle available reads Tums Ultra Strength 1000 mg.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Contacted doctor to correct physicians’ orders to match actual available strength of Tums. Received corrected physicians’ orders from doctor.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: center;">6/5/23</p> <p style="text-align: center;">23 JUN 26 AM 1:58</p>

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Licensee's/Administrator's Signature: *Wanette Gaylord*

Print Name: Wanette Gaylord

Date: 7/28/23

23 AUG -7 P4:03
STATE OF HAWAII
DOH-OHCA
STATE LICENSING

Licensee's/Administrator's Signature:

Wanette Gaylord

Print Name:

Wanette Gaylord

Date:

6/21/23

STATE OF HAWAII
DCH-OHCA
STATE LICENSING

23 JUN 26 AM 58