

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Maunaloa (DDDH)	CHAPTER 89
Address: 24 Hoalua Street, Mounaloa, HI 96770	Inspection Date: October 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(2) The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u> Certified Caregiver (CCG)s #1, #2, #3 #4 and Responsible Adult (RA)s #1, #2, #3, #4, and #5 - No current APS, CAN, Fingerprint Fieldprint results for 2023 available for review.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – Orders for Risperidone need clarification regarding what dose (1.5mg or 3mg) resident should be taking.</p> <ul style="list-style-type: none"> • 10/24/22 Physician signed 90-day re-evaluation orders: “Risperidone <u>3mg</u> tab, take <u>½ tab</u> by mouth twice a day” • 1/22/23 Physician signed 90-day re-evaluation orders: “Risperidone <u>3mg</u> tab, take <u>½ tab</u> by mouth twice a day” • 5/1/23 Physician signed 90-day re-evaluation orders: “Risperidone <u>3mg</u> tab, take <u>½ tab</u> by mouth twice a day” • 6/20/23 Physician signed 90-day re-evaluation orders: “Risperidone <u>3mg</u> tab, take <u>½ tab</u> by mouth twice a day” • 6/20/23 Physician signed Medical Appointment Report Form : “Risperidone <u>3mg</u> tab, take <u>1 tab</u> by mouth twice a day” • 8/10/23 Medication list print out showing “Active” status for Risperidone and a “written date” of 8/10/23: “Risperidone <u>3mg</u> tab, take <u>1 tab</u> by mouth twice a day” <p>Continue on next page...</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Continue on next page...</p>	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____