

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|   |   |
|---|---|
| <b>Facility's Name: JML</b>                                       | <b>CHAPTER 100.1</b>                              |
| <b>Address:<br/>92-560 Pilipono Street, Kapolei, Hawaii 96707</b> | <b>Inspection Date: September 26, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

|   | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date |
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| ☒ | <p>§11-100.1-15 <u>Medications.</u> (e)<br/>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><br/>Resident #1 – Physician’s order dated 5/10/23 states, “levofloxacin 750mg tablet Take 1 tab by mouth every 48 hours”; however, per medication administration record (MAR), medication discontinued on 5/18/23 without a physician’s order to do so.</p> | <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> |                 |

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

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

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