

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Kuakini Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 347 North Kuakini Street, Honolulu, Hawaii 96817</b>	<b>Inspection Date: November 7, 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.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-15 <u>Medications</u>. (e) 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 – Medication orders from 2/21/2023 as follows:</p> <ul style="list-style-type: none"> <li>• Lutein-Zeaxanthin 25-5 mg <u>two times a day</u> orally.</li> <li>• Metoprolol ER 25 mg daily orally – <u>Hold if systolic BP &lt; 60 beats per minute</u>.</li> <li>• Tylenol ES (<u>2</u>) tablets 500 mg (Acetaminophen) (<u>1</u>) tab three times a day PRN orally not to exceed 3G in <u>21 hour</u> period.</li> </ul> <p>Medication administration record (MAR) from February 2023, for the same medications as follows:</p> <ul style="list-style-type: none"> <li>• Lutein-Zeaxanthin 25-5 mg – Give 1 capsule by mouth <u>one time a day</u>.</li> <li>• Metoprolol ER 25 mg – Give 1 tablet orally one time a day, <u>hold for systolic blood pressure less than 115 or heart rate less than 60</u>.</li> <li>• Tylenol ES tablet 500 mg – Give <u>1 tablet</u> by mouth as needed for pain three times a day. Not to exceed 3G in <u>24 hour</u> period.</li> </ul> <p>MAR did not accurately reflect medication orders.</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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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) 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 #2 – Two signed medication orders for Durezol from 5/27/2023. First order = 1 drop in right eye once a day. Second order = 1 drop in right eye twice a day. No documented evidence physician was contacted for clarification.</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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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 – According to monthly summary from 12/2022, resident was found sitting on floor between walker and chair on 11/14/2022. January 2023 monthly summary states there was no fall within the last 180 days. In addition, February – April 2023 monthly summaries state resident found sitting on floor between walker and chair on 11/14/2023</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: \_\_\_\_\_