Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: C.A.R.E. Cottage – Hilo	**CHAPTER 98**
Address: **100-A Apoke Street, Hilo, Hawaii 96720**	**Inspection Date: April 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
☒	§11-98-12 Minimum standards for licensure; services. (14) Individual records shall be kept on each resident which contain the following: A complete record of each medication utilized by the resident; **FINDINGS** Resident #1 – Physician ordered "Albuterol sulfate 90mcg 2 puffs INH every 6 hours PRN," "Aleve 220mg 1 tab PO BID PRN," & "Hyland's Leg Cramp Effective Relief Homeopathic Caplets, 1-4 caplets, PO with water every 4 hours PRN" on 4/21/2023. No as needed (PRN) indication for aforementioned PRN medications ordered.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Consulted with RN after inspection and advised her to label PRN OTC medication appropriately, according to Care Hawaii guidelines. Instructed RN to contact pharmacy and they faxed over instructions for inhaler. Inhaler + instructions/MD orders/label placed in zip lock bag in clients med box. RN completed above and this RN supervisor confirmed with nurse on duty that it was completed, as well as nurse on following shift.	04/24/2023

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Licensee's/Administrator's Signature: J Thrope RN

Print Name: Jennifer Thrope, RN supervisor

Date: 06/08/2023

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Licensee's/Administrator's Signature: Thorpe RN

Print Name: Jennifer Thorpe, RN supervisor

Date: 10/08/2023

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