

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hoonani Care Home, LLC	CHAPTER 100.1
Address: 65-1267B Lindsey Road, Kamuela, Hawaii 96743	Inspection Date: August 29, 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  
DUN-01024  
STATE LICENSING

23 SEP -6 AM 1:14

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a)</p> <p>All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b> Resident #1 –</p> <ol style="list-style-type: none"> <li>1. Medication order for Acetaminophen 500 mg orally every evening, changed on 8/17/2023 to Acetaminophen 500 mg orally every morning and evening. Medication label does not reflect additional morning dose.</li> <li>2. Medication order for Ferrous Sulfate 325 mg orally twice a day, changed on 8/17/2023 to ferrous Sulfate 325 mg orally once every other day. Medication label does not reflect change to every other day.</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I created new labels for the OTC Acetaminophen and Ferrous Sulfate medications and replaced the outdated labels.</p>	<p>08/29/2023</p> <p style="text-align: right;">23 SEP -6 AM 1:14</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

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	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><b><u>FINDINGS</u></b>  Resident #1 – Order for Loperamide = 2mg – take <u>1</u> capsule PO initially for loose stool, followed by 1 capsule after every loose stool, PRN. (Do not exceed 6 capsules in 24 hours.) Medication administration record (MAR) states, “Loperamide 2mg – Take <u>2</u> capsules PO initially for loose stool, followed by 1 capsule after every loose stool, PRN. (Do not exceed 6 capsules in 24 hours.)</p> <p>MAR does not accurately reflect medication order.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>While our inspector was here, I created an updated physician order for Clara's physician to sign, explaining my error in writing 1 initial capsule instead of 2, and they signed it and sent it back over. Her provider signed and returned the medication order form the same day, so it's been updated. The MAR now correctly reflects the medication order.</p>	<p>08/29/2023</p> <p style="text-align: right;">23 SEP -6 AM 1:14</p> <p style="text-align: right;">STATE OF HAWAII  DH-SHA  STATE LICENSING</p>

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*Karyn B. Clay*

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

Print Name: Karyn B. Clay

Date: Sep 5, 2023

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STATE OF HAWAII  
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