

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aiea TLP	CHAPTER 98
Address: 98-839 Kaamilo Street, Aiea, Hawaii 96701	Inspection Date: July 12, 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 LICENSING
APR 15 2024 10:00

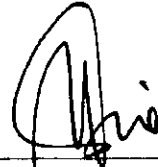
RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-12 Minimum standards for licensure services (4) Individual records shall be kept on each resident which contain the following: Information pertinent to special diet treatment; FINDINGS Resident #1 – No documented evidence of an admission diet order from a physician or advanced practice registered nurse (APRN).	PART 1 <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">24 APR 15 AM 10:00</p> <p style="text-align: right; transform: rotate(-90deg);">STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§11-98-12 <u>Minimum standards for licensure, services.</u> (4) Individual records shall be kept on each resident which contain the following:</p> <p>Information pertinent to special diet treatment;</p> <p><u>FINDINGS</u> Resident #1 - No documented evidence of an admission diet order from a physician or APRN.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>DEFER to the attached letter.</p>	<p>07/12/2023</p> <p>11/10/28</p> <p>24 APR 15 10:00</p> <p>STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-12 <u>Minimum standards for licensure services.</u> (14) Individual records shall be kept on each resident which contain the following: A complete record of each medication utilized by the resident; <u>FINDINGS</u> Resident #1 - No documented evidence of medication orders on admission from a physician or APRN.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">24 APR 15 10:00</p> <p style="text-align: center;">STATE OF MISSISSIPPI DEPARTMENT OF STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-12 <u>Minimum standards for licensure services.</u> (14) Individual records shall be kept on each resident which contain the following: A complete record of each medication utilized by the resident; <u>FINDINGS</u> Resident #1 – No documented evidence of medication orders on admission from a physician or APRN.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Policy and Procedure notes RN with the following responsibilities –</p> <ul style="list-style-type: none"> • Complete Admission Orders (attached) that lists prescribed medications and dietary needs at time of admission. • The Medical Director is to receive this dated order via fax and review within 24HRs. RN can obtain verbal approval for immediate implementation. • RN will file signed admission orders confirming medications and dietary orders, in the consumer's record. <p>Quarterly Chart Reviews conducted by Mental Health Technicians will include confirmation that a signed physician medication and dietary order by a physician or APRN is on file.</p>	<p style="text-align: right;">07/12/2023</p> <p style="text-align: right;">11/10/2023</p> <p style="text-align: right;">24 APR 15 AM 00</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p>

Licensee's/Administrator's Signature: _____



Print Name: _____

Hilda Snie, Residential Service Director

Date: _____

11/10/2023

STATE OF MICHIGAN
DEPARTMENT OF
STATE LICENSING

24 APR 15 AM 00