Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Big Island Substance Abuse Council (BISAC) Kinoole	CHAPTER 98
Address: 2093 Kinoole Street, Hilo, Hawaii 96720	Inspection Date: November 28, 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 "Cetirizine 10mg orally every day as needed." No as needed (PRN) indication for aforementioned medication.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, we corrected the deficiency. We identified the missing approval note from the client's chart where it indicates that the APRN approved the request for change in the client's original prescription from "Cetirizine 10 mg Tab, take 1 tablet orally daily" to the complete "Cetirizine 10 mg oral daily as needed, for allergy symptoms".	12/13/2023

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Licensee's/Administrator's Signature: [signature]

Print Name: Hannah Preston-Pita

Date: 12.14.23