

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Pearl Haven</b>	<b>CHAPTER 98</b>
<b>Address: 58-130 Kamehameha Highway, Haleiwa, Hawaii 96712</b>	<b>Inspection Date: December 14, 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
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (14)            Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Physician ordered “Fish Oil 1000mg, 1 tab every morning.” No medication label on aforementioned medication.</p>	<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 style="text-align: center;">Fish oil 1000mg was removed from medication cart.</p>	<p style="text-align: center;">7/14/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure, services.</u> (14)            Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Physician ordered “Fish Oil 1000mg, 1 tab every morning.” No medication label on aforementioned medication.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;">Pearl Haven will only allow supplements if prescribed by a physician and with correct label instructions.</p> <hr/> <p style="text-align: center;">The NP will review all medications received for correct medication labels and will check all medications monthly to ensure all medication labels are correct.</p>	<p style="text-align: right; font-size: 1.5em;">12/14/23</p>

Licensee's/Administrator's Signature:

*Elizabeth Porter*

Print Name:

Elizabeth Porter

Date:

4/18/2024