Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Beckwith Manoa Senior Care	**CHAPTER 100.1**
Address: **2375 Beckwith Street, Honolulu, Hawaii 96822**	**Inspection Date: June 18, 2024 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(5) During residence, records shall include: Entries detailing all medications administered or made available; **FINDINGS** Resident #1 – Medication order for "Sennosides/Docusate Sodium 8.6/50mg tablet. Take 1 tab by mouth 2 times a day as needed for constipation" observed given three (3) times in February 2024, twelve (12) times in March 2024, once in April 2024 and five (5) times in May 2024. There was no documentation of reason/indication for giving medication, as well as the response of medication after it was given.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____