

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Waipahu Hale	CHAPTER 100.1
Address: 94-1201 Huakai Street, Waipahu, Hawaii 96797	Inspection Date: September 3, 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
☒	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – There was no valid physician’s order to administer the following medications/treatments, as noted on August 2024 medication administration record (MAR) and unsigned physician orders sheet dated 8/26/24. Per the primary caregiver (PCG), orders were taken by the hospice RN case manager, but no documented evidence indicating so.</p> <ul style="list-style-type: none"> • Discontinue order Medihoney • Betadine 10% topical solution apply small amount of solution to affected area once a day or as needed if dressing is soiled, allow betadine to dry, then cover with non-adherent gauze and secure with paper tape. Change dressing daily or repeat wound care as needed if drainage noted • Keflex 500 mg capsule take 1 capsule by mouth twice a day for 7 days 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____