

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | |
|-------------------------------------------------------------|---------------------------------------|
| Facility's Name: Bobby Benson Center | CHAPTER 98 |
| Address: 56-660 Kamehameha Highway, Kahuku, Hawaii 96731 | Inspection Date: July 25, 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. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE LICENSING
SECTION

24 OCT 16 100 42

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <input checked="" type="checkbox"/> | <p>§11-98-10 Minimum standards for licensure; administrative and organizational plan. (e) Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p><u>FINDINGS</u> The following medication noted to be expired: -Acetaminophen 500mg tabs, expired on 1/2024</p> | <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> <p>Expired medication was properly disposed of by the nursing department and all PRN medications were checked to make sure that there was no other expired medication was accessible to staff to administer to our clients.</p> <p style="text-align: right;">STATE LICENSING STATE 24 OCT 16 09:35</p> | <p>7/25/2024</p> |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <input checked="" type="checkbox"/> | <p>§11-98-10 Minimum standards for licensure; administrative and organizational plan. (e) Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p>FINDINGS The following medication noted to be expired: -Acetaminophen 500mg tabs, expired on 1/2024</p> | <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>The Nursing department has implemented the following plan of action to ensure that no expired medication is accessible to clients or staff:</p> <p>A monthly audit sheet will be placed in the second drawer of the med cart to be completed the first week of every month. It will include all medications and solutions and their expiration dates. Any solutions/meds which have expired will be pulled immediately from the cart and locked in a cabinet that is not accessible to staff administering medications until it can be disposed of appropriately. The medication will then be replaced with an unexpired medication.</p> | <p>7/28/2024</p> |

Licensee's/Administrator's Signature: *Sione Naeata*

Print Name: Sione Naeata; Executive Director

Date: 10/17/2024

STATE LICENSE
S.I.S

24 OCT 16 PM 39