

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Snouffer, Cely	CHAPTER 100.1
Address: 712 Hoomalimali Street, Pearl City, Hawaii 96782	Inspection Date: August 12, 2025 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
<input checked="" type="checkbox"/>	<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>FINDINGS Resident #1- Physician ordered on 9/30/23 for “Allopurinol 300 mg Take 1 tab daily by mouth”; however, the medication administration records (MAR) from August 2024 to August 2025 was written as, “Allopurinol 200 mg Take 1 tab daily by mouth”. The physician order dosage and MAR dosage transcribed do not match.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<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- Physician ordered on 9/30/23 for "Allopurinol 300 mg Take 1 tab daily by mouth"; however, the MARs from August 2024 to August 2025 was written as, "Allopurinol 200 mg Take 1 tab daily by mouth". The physician order dosage and MAR dosage transcribed do not match.</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>In the future to prevent this from happening again I as the PCP, will create a post it note to say physician order must match the medication order. I will place this note in my resident's binder + will refer to this when I do my monthly audit</p>	<p style="text-align: right;">8/24/25</p>

Licensee's/Administrator's Signature: Cely U. Snouffer
Print Name: CELY U. SNOUFFER
Date: 8/24/25