

Office of Health Care Assurance

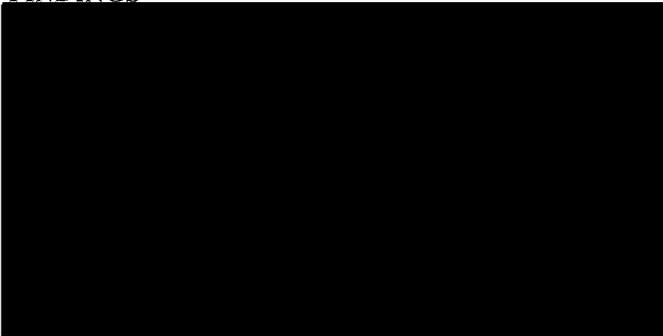
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Corpuz (DDDH)	CHAPTER 89
Address: 99-226 Ohenana Place, Aiea, Hawaii 96701	Inspection Date: March 5, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p>FINDINGS A vacant bedroom, licensed for resident use, was being used for storage. Caregiver's personal belongings were found in the closet and dresser drawers.</p>	<p>11-89-12 (b) Caregiver personal belongings and others that were found in the closet and dresser drawer of the vacant room were removed and cleared in compliance w/ the state and county zoning, building, fire, sanitation and housing codes. I will make sure that this will be always cleared and not to store anything again in the future.</p>	3/7/15
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p>	<p>11-89-14 (e) (12) Being certified caregiver, I will make sure that any medications ordered by physician whether it's PRN or routine will be recorded as ordered. I will be more careful and attentive in following orders in the future and will make sure that this will not happen again.</p>	3/7/15

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 STATE OF HAWAII
 LICENSING DIVISION

	Rules (Criteria)	Plan of Correction	Completion Date
	FINDINGS 		

Licensee's/Administrator's Signature: _____



Print Name: PACITA G. CORPUZ

Date: April 2, 2015