

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
DH-OHCA LICENSING
15 JUL 10 P1:34
RECEIVED

Facility's Name: Judy's <i>Judy's Care Home</i>	CHAPTER 100.1
Address: 934 Anohea Way, Wailuku, Hawaii 96793	Inspection Date: June 5, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p>FINDINGS [REDACTED]</p>	<p><i>In the future I will use the admission checklist for every admission to make sure I have all the correct paperwork. I will check and ask my substitutes caregivers to double check all the data to make sure they are correct.</i></p>	<p><i>7/8/15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS</p> <p>1. [REDACTED]</p> <p>2. [REDACTED]</p>	<p>[REDACTED]</p> <p>on the future I will hand a copy of my MAR to the physician each visit + request that he review + sign if correct.</p>	<p>7/8/15</p>

Licensee/Administrator's Signature: Judita Daqdag

Print Name: Judita Daqdag

Date: 7/8/15