

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Vallente Care Home	CHAPTER 100.1
Address: 94-1341 Waipahu Street, Waipahu, Hawaii 96797	Inspection Date: July 30, 2015 Annual

	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><b>FINDINGS</b></p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>In the future I make sure to follow physician order and documented in Patient medication record.</p>	8/13/15

Licensee/Administrator's Signature: Lolita R. Valiente

Print Name: LOLITA R. VALLENTE

Date: 8-13-2015