

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Blue Ocean Care Home	CHAPTER 100.1
Address: 91-1030 Keoneae Place, Ewa Beach, Hawaii 96706	Inspection Date: March 4, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (c)                      Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p><b>FINDINGS</b>                      [REDACTED]</p>	<p>I bought the containers [REDACTED] to store [REDACTED] separately with [REDACTED] medications. From now I will check that [REDACTED] stores in one container, [REDACTED] stores in another container and [REDACTED] medications stores in separate container Daily. Also I will train my substitutes to check [REDACTED] and [REDACTED] medications stores in separate containers. I'm so sorry, that will not happen again.</p>	05 MAR 16

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: 4 / 26 / 2016