

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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STATE OF HAWAII
DOH-OHCA LICENSING

Facility's Name: Mely Mueller	CHAPTER 100.1
Address: 94-949 Lumiloke Street, Waipahu, Hawaii 96797	Inspection Date: April 26, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS [redacted] eye drops unsecured in the refrigerator.</p>	<p>I bought ^{containers} [redacted] can be able to put locked for [redacted] eye drop and labeled properly. Also oriented [redacted] to keep the container locked at all times.</p>	4/27/16
<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 [redacted] - No physician order taken by the resident. [redacted] Subsequently, no orders [redacted] noted.</p>	<p>Doctor updated/clarified medications [redacted]. Because the Doctor note I wrote all medications at [redacted] physician progress note, [redacted] reviewed and signed. I will continue doing this process for all Doctor visit for all the residents and I will reviewed doctor's note before leaving Doctor Office.</p>	4/27/16

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Licensee's/Administrator's Signature:

Print Name:

Date:

5/8/14