

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oāliua Elder Care, Inc. #III	CHAPTER 100.1
Address: 429B Ulupaiia Street, Kailua, Hawaii 96734	Inspection Date: September 25, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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 Unsecured medication as follows:</p>	<p>was placed in a locked container. -To prevent similar deficiency in the future, I have added into my daily checklist to return all medications in a locked container after using it. All sub-caregivers are trained to double check on a daily basis. was removed at the bedside stand. To prevent similar deficiency in the future, I will advise all family visitor to turn in all medications to care home staff, and not to bring it to the patients' room.</p>	9/25/15
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (f) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Bedroom #1, expiration date, 8/2014.</p>	<p>In Bedroom #1 was discarded since it is expired and not a physician's order. -to prevent similar deficiency in the future, I will always ask family members not to bring any meds in the room instead to check and give all medications to care home staff. I will also check drawers everyday to make sure that no medications are placed in patient's room at anytime.</p>	9/25/2015

Licensee's/Administrator's Signature: Amorin KW

Print Name: Norma Tenorio R.N.

Date: 8/26/2016