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Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII  
DH-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><b>FINDINGS</b> "Latanoprost" eye drops unsecured in the refrigerator.</p>	<p>I bought <sup>containers</sup> can be able to put locked for latanoprost eye drop and labeled properly. Also oriented caregiver #1, caregiver #2 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><b>FINDINGS</b> Resident #1 – No physician order for "aspirin 81 mg one tab once a day" taken by the resident. The 10/2/15 office visit note indicated aspirin "stop date 11/11/15." Subsequently, no orders for aspirin noted.</p>	<p>Doctor updated/clarified medications w/ Aspirin 81mg OD. Beside the Doctor note, I wrote all medications of residents #2 &amp; physician progress note, he reviewed and signed. I will continue doing this process for all Doctor visit for all the residents and I will review doctor's note before leaving Doctor Office.</p>	4/27/16

UNIVERSITY OF CALIFORNIA  
STATE BAR EXAM  
MAY 15 2013  
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Licensee's/Administrator's Signature: Mely Ballocanag

Print Name: MELY BALLOCANAG

Date: 5/8/14