

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Yadao (DDDH)</b>	<b>CHAPTER 89</b>
<b>Address: 99-112 Puakala Street, Aiea, Hawaii 96701</b>	<b>Inspection Date: April 12, 2018 Annual</b>

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(1) Medications:</p> <p>All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p><b><u>FINDINGS</u></b>  For Resident #1, the pharmacy label of December 5, 2017 notes, Benzoyl Per Liq 5% Wash, wash face once daily for Acne; however, the manufacturer's label notes, Benzoyl Peroxide Topical Wash 10%. Benzoyl Peroxide Topical Wash 10% is consistent with the physician orders and the medication administration records.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Pharmacy label for Benzoyl Per Liq 5% Wash for resident #1 was changed by the pharmacist on April 12, 2018 to 10%.</i></p>	<p style="text-align: center;"><i>4/12/18</i></p>

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Licensee's/Administrator's Signature: Avelinda yadao

Print Name: AVELINDA YADA0

Date: 4/30/18

Licensee's/Administrator's Signature: Avelinda yadao

Print Name: AVELINDA YADA0

Date: MAY 21<sup>st</sup> 2018