

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: C. Caraang (DDDH)	CHAPTER 89
Address: 94-1023 Lumipolu Street, Waipahu, Hawaii 96797	Inspection Date: January 17, 2018 Annual

**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)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b><u>FINDINGS</u></b> For Resident #1, the July 2017 – September 2017 PRN medication administration record noted the strength of the Mupirocin Ointment as 1% rather than 2%.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: Crispina L. Carandang

Print Name: Crispina L. Carandang

Date: 4/3/18

Licensee's/Administrator's Signature: Crispina Carandang

Print Name: Crispina Carandang

Date: April 27, 2018

Licensee's/Administrator's Signature: Crispina L. Carandang

Print Name: Crispina L. Carandang

Date: 7/13/18