

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fely Irons Adult Residential Care Home	CHAPTER 100.1
Address: 2036 Komo Mai Drive, Pearl City, Hawaii 96782	Inspection Date: January 3, 2020 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) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <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><u>FINDINGS</u> Resident #1, expired medication available as follows:</p> <ol style="list-style-type: none"> 1. "Alphagan 0.1% gtt BID" expired 10/2019 2. "Omega 3-Acid Ethyl Esters capsules I BID" expired 11/15/19. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>① Call family and ask for refills and when medication was delivered check expiration date and disposed expired medication.</p> <p>② Check expiration date every time medication was given to resident.</p>	<p style="text-align: right;">1/9/2020</p> <p style="text-align: right;">1/9/2020</p>

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Licensee's/Administrator's Signature: Felix M. Irons

Print Name: FELIX M. IRONS

Date: January 9, 2020

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