

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|   |   |
|---|---|
| <b>Facility's Name: Honesty</b>                               | <b>CHAPTER 100.1</b>                            |
| <b>Address:<br/>775 Analio Street, Wailuku, Hawaii, 96793</b> | <b>Inspection Date: October 23, 2020 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) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

|                                     | <b>RULES (CRITERIA)</b>  | <b>PLAN OF CORRECTION</b>  | <b>Completion Date</b> |
|-------------------------------------|--|--|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (b)<br/>           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><u>FINDINGS</u></b><br/>           Resident #1: Lantus insulin unlocked in refrigerator.</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> |                        |

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Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_