

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Comfort Care Home, L.L.C.	CHAPTER 100.1
Address: 1543 Haloa Drive, Honolulu, Hawaii, 96818	Inspection Date: July 10, 2020 Annual <i>Submitted 1/29/2020</i> <i>Received met on 7/21/20</i>

inspection : ms. Linsey Napoleon .

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) 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> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – “Lorazepam 0.5mg, 1 tab PO Daily PRN for restlessness” ordered by Physician on 11/25/19 and renewed on 2/18/20, however, Medication Administration Record (MAR) notes medication was discontinued on 2/18/20. No discontinuation order available for review.</p>	<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 style="text-align: center;"><i>The order of Discontinued Lorazepam confirmed on 7/14/2020 which missed on 2/18/2020 when the resident visited Dr.</i></p> <p style="text-align: center;"><i>All detailed notes attached.</i></p>	<p><i>7/29/2020</i></p> <p style="text-align: right;"><i>92</i></p>

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Licensee's/Administrator's Signature: Jin on RA

Print Name: SIN-OK RA

Date: 7/29/2020

7/29/2020
SIN-OK RA