## Office of Health Care Assurance

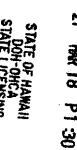
## **State Licensing Section**

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jerez Care Home	CHAPTER 100.1
Address: 24 Puukani Street, Kahului, Hawaii 96732	Inspection Date: February 25, 2021 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
§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.  FINDINGS Resident #1, no evidence of documentation for medications made available from the evening of 2/3/2021 to today.	PART 1	
	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Adm	Print Name: LEONORA JEREZ	
	Date: 12 Hobrany 2021  March	

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