

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Ligaya Navasca Dom Home, LLC (DDDH)	<b>CHAPTER 89</b>
<b>Address:</b> 99-058 Upapalu Drive, Aiea, Hawaii 96701	<b>Inspection Date:</b> December 9, 2020 Annual

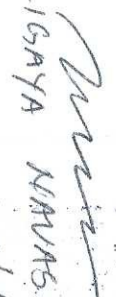
**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
DOM-CHCA  
STATE LICENSING

21 MAR-8 P3 54

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-89-14 Resident health and safety standards. (e)(6) Medications: All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first. <b>FINDINGS</b> Resident #1 – Medications were renewed by physician on 12/19/19 but not again until 8/22/20 a period of eight (8) months.	<p style="text-align: center;"><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Correcting the deficiency after the fact is not practical appropriate. For this deficiency only a future plan is required.</i></p> <p><i>Wynn</i></p> <p><i>LIGAYA NAVRSCA</i></p>	<p style="text-align: right;"><i>12/9/2020</i></p> <p style="text-align: right;">21 MAR-8 P3 54</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

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Licensee's/Administrator's Signature:

*[Handwritten Signature]*

Print Name:

LIGAYA NAWAS CA

Date:

3/1/2021

STATE OF HAWAII  
DOH-OHCA  
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