

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Circle of Care, LLC (DDDH)	CHAPTER 89
Address: 91-229 Paiaha Place, Kapolei, Hawaii 96707	Inspection Date: February 22, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

21 JUN 15 P 3:07

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p>FINDINGS Resident #1 – “Ensure Active Clear 1 can by mouth daily” was ordered by Physician on 11/23/20, however, Resident is currently receiving Ensure Original.</p> <p style="text-align: right;">STATE OF HAWAII DOH-HCHA STATE LICENSING</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>As a caregiver when giving ensure to residents that I need to make sure the pharmacy labels matches doctors order and medication record. If not I need to follow up and make necessary correction. From now on, I will inspect the book and update and look for errors.</p>	<p>06-07-2021</p>

21 JUN 15 13:07

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(5) General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p>FINDINGS Resident #1 – Emergency information needs to be updated to include client's pertinent medical history and current diagnosis.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">21 JUN 15 P 3:07</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;">Emergency information needs to be updated and other documents in the residents book needs to be current. monthly check by caregivers will be done to ensure continuously up to date ^{also}.</p>	<p>06-07-21</p>

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Licensee's/Administrator's Signature: Amely G. Ambayec

Print Name: AMAELY G. AMBAYEC

Date: 06-07-2021

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