

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Cora's | CHAPTER 100.1 |
| Address: 1711 Ema Place, Honolulu, Hawaii 96819 | Inspection Date: January 10, 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.

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| RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <input checked="" type="checkbox"/> §11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. | <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>Resident #1 does not take Tylenol and Metamucil anymore. On Jan. 31, 2020 I went to see Louise Brownson (APRN) to let her know that Pt. does not want to take both Tylenol and Metamucil anymore. APRN said she will file and begin Program note on Pt's next visit on 4/16/20. <i>Caro Angel</i></p> | <p style="text-align: right;">02.</p> |

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| <input checked="" type="checkbox"/> §11-100.1-15 Medications, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - Tylenol and Metamucil on 4/3/2019 medication order; however, there was no dose, route, or frequency included. Instructions for Metamucil documented on 12/23/2019 medication reevaluation. | <p style="text-align: center;">PLAN OF CORRECTION</p> <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future I will bring a complete list of my residents current meds, what include the dose, route, and frequency for each. I will double check it before leaving the physicians' office.</i></p> <p style="text-align: right;"><i>Devin Angel</i></p> | <p style="text-align: right;">2/9/20</p> |

Licensee's/Administrator's Signature:

Caragon Ingele

Print Name:

CORAGON INGELE

Date:

3-9-20

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DEPARTMENT OF
STATE BARBERS

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