

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<p>Facility's Name: Comfort Care Home, L.L.C.</p> <p><i>Primary caregiver, JIN-OK RA</i></p>	<p>CHAPTER 100.1</p>
<p>Address: 1543 Haloa Drive, Honolulu, Hawaii, 96818</p>	<p>Inspection Date: July 16, 2021 Annual <i>Correction</i> <i>Submit: July 26, 2021.</i></p>

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.

To: Ms. Linsy Napoleon,

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p>FINDINGS Resident #1 – On 12/3/20 Physician ordered, “T _____ cream apply.. (writing is mostly illegible)” and Zyrtec 10mg 1 tab QD”, however, medication is not listed on medication administration record from 12/2/20 to 4/9/21.</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: center;">21 JUL 26 PM 12:10</p>	<p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (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.</p> <p>FINDINGS Resident #1 – On 12/3/20 Physician ordered, “T_____ cream apply.. (writing is mostly illegible)” and Zyrtec 10mg 1 tab QD”, however, medication is not listed on medication administration record from 12/2/20 to 4/9/21.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">21 JUL 26 PM 12:10</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>To prevent this happening again in the future from now on, my SCG will double check forms/ orders after MD visiting and ensure the MAR is correctly filled out.</i></p>	<p><i>11/25/2021</i></p> <p><i>GR PCG</i></p>

Licensee's/Administrator's Signature: Janice Ra

Print Name: JAN - OIC RA

Date: 7/25/2021

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