

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Callo Care Home	CHAPTER 100.1
Address: 1027 A Lowell Place, Honolulu, Hawaii, 96817	Inspection Date: January 5, 2022 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
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #1, Resident #2: medication of residents stored unlocked in refrigerator. Medication of substitute care giver store in resident refrigerator.</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>We already purchased lock boxes and all the medications are properly labeled and are now securely placed inside the lock boxes in the refrigerators.</p>	<p style="text-align: right;">2/7/22</p> <p style="text-align: right;">22 FEB 14 P 3:07</p> <p style="text-align: right; font-size: small;">STATE OF NEW JERSEY DEPARTMENT OF STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><u>FINDINGS</u> Resident #1, Resident #2: medication of residents stored unlocked in refrigerator. Medication of substitute care giver store in resident refrigerator.</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>To prevent this from happening again, this reminder note will be placed on the refrigerator front door or in the patient's binder "<i>Medications need to be placed in the lock box, properly locked and refrigerated</i>".</p>	<p style="text-align: right;">2/7/22</p> <p style="text-align: right;">22 FEB 14 P 3:08</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE LICENSING</p>

Licensee's/Administrator's Signature: CALLO

Print Name: TESSIE A. CALLO

Date: February 7, 2022

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

22 FEB 14 P3:08