

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Paguirigan, Marietta (ARCH/Expanded ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 4007 Keaka Drive, Honolulu, Hawaii 96818</b>	<b>Inspection Date: February 28, 2022 Annual</b>

**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  
OFFICE OF HEALTH CARE ASSURANCE  
STATE LICENSING  
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	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><b><u>FINDINGS</u></b>            Refrigerated medications not properly stored in separate locked container.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>I stored the refrigerated medications in a <sup>separate</sup> locked container and labeled it with the resident's name before storing it back in the refrigerator.</p>	<p align="center">YES</p> <p align="right">02/28/2022</p>

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Licensee's/Administrator's Signature: Marietta Pacurigan

Print Name: MARIETTA PACURIGAN

Date: 02/28/2022

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