

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Precious Developmental Disabilities Domiciliary Home | CHAPTER 89 |
| Address: 94-274 Waipahu Street, Waipahu, Hawaii 96797 | Inspection Date: April 28, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-89-14 <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><u>FINDINGS</u> Resident #1 – On 2/28/22, Physician decreased Quetiapine 100mg 3 (three) tabs by mouth at bedtime to 2 (two) tabs by mouth at bedtime, however, medication administration record was not updated to the current order from 3/1/22 to current.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Medication sheet was corrected with the right order and initialed over the correction with the new order that started on 3/1/22. Caregiver giver made sure all doctor's orders, medication bottle and medication sheets were all the same.</p> | <p>4/28/22</p> |

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DEPT. OF
SOCIAL SERVICES
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RECEIVED

JUL 25 2022

Licensee's/Administrator's Signature: _____

F. Glushkoj. Cararay.

Print Name: _____

F. Glushkoj. Cararay.

Date: _____

5/1/22

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