

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Valley View Pearl City, LLC	CHAPTER 100.1
Address: 944 Maiha Circle, Pearl City, Hawaii, 96782	Inspection Date: June 16, 2022 Annual

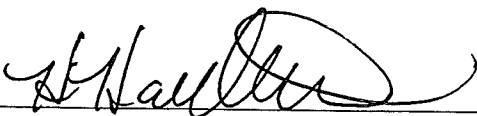
THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

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.

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING SECTION
JUN 22 2:18 PM '22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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>FINDINGS Medication for residents pre poured in medication cabinet.</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 style="text-align: center;">ALL PRE-POURED MEDICATIONS WERE DISCARDED.</p>	<p style="text-align: center;">6/16/2022</p>
			<p style="text-align: center;">22 JUN 22 P 2:18</p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (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> Medication for residents pre poured in medication cabinet.</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>RE- EDUCATION ON MEDICATION DISPENSATION. NEW POLICY IN MEDICATION ADMINISTRATION RECORD , READ + SIGNED BY ALL CARE GIVERS .</p>	<p style="text-align: right;">6/17/2022</p> <p style="text-align: right;">*22 JUN 22 P2:18</p> <p style="text-align: right; font-size: small;">STATE OF NEW JERSEY DEPARTMENT OF STATE LICENSING</p>

Licensee's/Administrator's Signature: 

Print Name: HIEDI HALBERT

Date: 6/17/2022

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STATE OF HAWAII
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STATE LICENSING