

Office of Health Care Assurance

State Licensing Section


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION


Facility's Name: Prime Health Services Care Home II	CHAPTER 100.1
Address: 107B Kilea Place, Wahiawa, Hawaii 96786	Inspection Date: November 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.


STATE OF HAWAII
DOH-CDCA
STATE LICENSING
22 DEC 28 PM 2:19

	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> The following individually packed medications have been found in the Facility's First Aid Kit:</p> <ul style="list-style-type: none"> • "Non-Aspirin" (Acetaminophen 325mg) • "Wound dressing gel" • Aspirin (325mg) 	<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;">- Medication in first aid kit removed at inspection.</p>	<p style="text-align: center;">12/26/22</p> <p style="text-align: center;"></p> <p style="text-align: right;">STATE OF ILLINOIS DEPARTMENT OF HEALTH STATE LICENSING</p> <p style="text-align: right;">22 DEC 28 PM 2:19</p>


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STATE OF NORTH CAROLINA
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 STATE LIBRARY


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – Physician order dated 11/13/22 for “Metoprolol Succinate 25mg oral 24hr SR tab. Take 3 tablets by mouth daily. Hold if systolic blood pressure is less than 100 and/or pulse is less than 50.” No blood pressure and pulse record available for review.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">12/20/22</p>  <p style="text-align: right;">'22 DEC 28 PM 2:19</p> <p style="text-align: right; font-size: small;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

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			<p style="text-align: right;">22 DEC 28 PI2:19</p>

STATE OF CONNECTICUT
DEPARTMENT OF
STATE LICENSING

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Licensee's/Administrator's Signature: _____

Print Name: _____

Rafael "Ryan" Antonio

Date: _____

12/26/22

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

22 DEC 28 PM 2:19