

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Waialae Senior Living 2	CHAPTER 100.1
Address: 2945-A Kalei Road, Honolulu, Hawaii 96826	Inspection Date: July 26, 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>§11-100.1-15 <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 – Observed “Calmoseptine” cream unsecured in resident’s bedside drawer.</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;">the calmoseptine cream was immediately removed from the resident's drawer + locked in the medication cabinet.</p>	<p style="text-align: right;">7/20/22</p>

STATE OF ILLINOIS
 DEPARTMENT OF HEALTH
 STATE CLINIC

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident #1 – Observed “Ciprofloxacin” eye drops in resident’s dresser. No documentation of a current order available for resident, for the aforementioned medication. PCG stated that medication was discontinued.</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><i>The eye dfts were removed during 7/26/22 inspection + discarded. As stated, med Ciprofloxacin was discontinued & stopped as soon as order was received. No further administration of the medication was given by SCA or PCG. Med was d/c'd.</i></p>	<p style="text-align: right;">'22 AUG -8 P 3:28</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-08-01 STATE LICENSING</p>

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STATE OF MARYLAND
DEPARTMENT OF LICENSING
STATE LICENSING

Licensee's/Administrator's Signature: _____

[Handwritten Signature]

Print Name: _____

[Handwritten Name: Jme Tahelrayasin]

Date: _____

[Handwritten Date: 8/4/22]

STATE OF HAWAII
BSH-0182A
STATE LICENSING

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