

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Devoted Home, LLC	CHAPTER 100.1
Address: 94-572 Apii Place, Waipahu, Hawaii 96797	Inspection Date: March 13, 2023 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> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Care giver medication stored in same cabinet as resident's medication.</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 REMOVED THE MEDICATIONS THAT DID NOT BELONG TO THE PATIENTS FROM THE PATIENT'S CABINET. I REMOVED OINTMENTS/MEDICATIONS THAT ARE EXPIRED OR NO LONGER BEING USED BY THE PATIENTS.</p>	<p style="text-align: right;">3/23/23</p> <p style="text-align: right; font-size: small;">L. J. ...</p>

Licensee's/Administrator's Signature: _____



Print Name: _____

MARI-JEANNE MENDOZA

Date: _____

3/23/23

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