

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Cora's	<b>CHAPTER 100.1</b>
<b>Address:</b> 1711 Ema Place, Honolulu, Hawaii, 96819	<b>Inspection Date:</b> January 16, 2024 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

**FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).**

	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 #2: medication unlocked in refrigerator.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">The deficiency was corrected immediately by purchasing a new storage box/container with lock. This container will serve as storage for the resident's eye drops. It was properly labeled and the lock code is exclusively known by the caregivers.</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT            DEPARTMENT OF            SOCIAL SERVICES            STATE BUILDING</p>	<p style="text-align: center;">01/20/2024</p> <p style="text-align: center;">24 Apr 15 P2:13</p>

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 STATE OF CONNECTICUT  
 DEPARTMENT OF  
 SOCIAL SERVICES

Licensee's/Administrator's Signature: *Kathleen V. Ingel*

Print Name: KATHLEEN V. INGEL

Date: 01/23/2024

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