

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Weber's WEBER'S CARE HOME	CHAPTER 100.1
Address: 3056 Nihi Street, Honolulu, Hawaii 96819	Inspection Date: November 3, 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.

STATE LICENSING
SECTION


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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><u>FINDINGS</u> Observed "Neosporin" topical cream & "Benadryl" topical cream unsecured in First Aid kit.</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 neosporin and benadryl cream was promptly removed from our first aid kit.</i></p>	<p style="text-align: right;"><i>04 NOV 2023</i></p> <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF STATE LICENSING</p>

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Licensee's/Administrator's Signature: 

Print Name: Kenneth A. WEBER

Date: 05 February 2024

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STATE OF IOWA
STATE EXAMINERS