

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Analani Hale ARCH	CHAPTER 100.1
Address: 94-372 Kipou Street, Waipahu, Hawaii 96797	Inspection Date: May 14, 2024 Unannounced visit

**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><b><u>FINDINGS</u></b>            Unlabeled Hydrocortisone cream was left unsecured inside the cabinet under the bathroom sink. Corrected during the visit.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications, (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.  <b>FINDINGS</b> Unlabeled Hydrocortisone cream was left unsecured inside the cabinet under the bathroom sink. Corrected during the visit.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>MOVING FORWARD I AS A PCA WILL ROUTINELY CHECK WEEKLY ALL THE RESIDENTS CABINETS &amp; BATHROOM CABINETS TO CHECK FOR UNSECURED MEDICATIONS. I WILL ALSO REMIND ALL THE SCS'S TO KEEP A WATCH EYE &amp; BE SECURE MEDICATIONS APPROPRIATELY INCLUDING SCS'S PERSONAL MEDICATION TO AVOID MISPLACEMENT.</p>	<p style="text-align: right;">8-26-24</p> <p style="text-align: right;">STATE LICENSING</p>

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Licensee's/Administrator's Signature:  \_\_\_\_\_

Print Name: Jana Rubio Aczon

Date: Jun 4, 2024

Licensee's Administrator's Signature: \_\_\_\_\_

Print Name: JOHN RUSSELL ALLEN

Date: 8-24-21

STATE LICENSING

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