

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Apostol Care Home</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-1244 Hinaea Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: July 2, 2024 Annual</b>

**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.**

24 JUL -9 P 1:10

	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>            Resident #4: 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> <i>yes</i></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;"><i>Removed medications and stored in a properly labeled separate locked container. And transferred to another refrigerator.</i></p>	<p><i>07/02/2024</i></p> <p style="text-align: right;">24 JUL -9 P1:10</p>

	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>            Resident #4: medication unlocked in refrigerator.</p>	<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><i>In the future, I will hold an in-service with all my substitute caregivers. Medications that needs to stored in the refrigerator must be properly labeled and kept in a separate locked container. Secondly, I will place a note paste inside the refrigerator and in the medication cabinet to be reminded.</i></p>	<p>07/03/2024</p> <p style="text-align: right;">24 JUL -9 P1:10</p>

Licensee's/Administrator's Signature: Edwin C. Apostol

Print Name: Edwin C. Apostol

Date: 07/05/2024

STATE OF MISSISSIPPI  
DEPARTMENT OF REVENUE  
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