

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| <b>Facility's Name: Felarca Care Home, LLC</b>                 | <b>CHAPTER 100.1</b>                         |
| <b>Address:<br/>4679 Likini Street, Honolulu, Hawaii 96818</b> | <b>Inspection Date: July 26, 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 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> (f)<br/>Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><b><u>FINDINGS</u></b><br/>Resident #1 – Physician ordered “Acetaminophen 325mg” tablet &amp; “Albuterol 2.5” inhaler. Aforementioned medications not available in facility for resident use.</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>Contacted current Primary Care Provider (PCP) about missing/expired medications for resident. Provider ordered a change order to acetaminophen 325mg to acetaminophen 500mg, no more than three thousand (&lt; 3000mg) in a twenty-four (24) hour period.<br/>Albuterol inhaler was refilled as per pervious prescription, pre pervious providers medication order list.<br/>Script was dated, filled and purchased as for August 6th, 2024.</p> | <p style="text-align: center;">8/06/2024</p> <p style="text-align: center;"><i>DH</i></p> |

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Licensee's/Administrator's Signature: Daniel V. Felarca

Print Name: Daniel V Felarca

Date: August 9th, 2024