

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Apostol Care Home	CHAPTER 100.1
Address: 94-1244 Hinaea Street, Waipahu, Hawaii 96797	Inspection Date: July 11, 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 OF HAWAII
DHQ-91CA
STATE LICENSING

23 JUL 17 AM 1:51

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Observed "Neosporin" antibiotic cream & "Benadryl" itch stopping cream unsecured in facility's First Aid kit.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>Yes.</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>I disposed "Neosporin" and "Benadryl" in facility's First Aid kit.</i></p>	<p><i>07/14/2023</i></p> <p style="text-align: right;">23 JUL 17 AM 51 STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

	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" antibiotic cream & "Benadryl" itch stopping cream unsecured in facility's First Aid kit.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>My future plans and to ensure that it doesn't happen again, I will provide a written procedure and have it available to my Primary and Substitute Caregivers.</p> <p>In that Plan, separating unsecured medications and dispose of discontinued medications. Medications and supplements should be available only or as ordered by Physician or APRN.</p> <p>Medications or supplements made available to residents shall contain residents name, name of medication, frequency, time, date and by whom the medication was made available to the resident. It must meet the criteria. Otherwise it's unsecured medications. It must be separated/disposed.</p> <p>Medications and supplements should be stored in a secured/locked medication cabinet, not a First Aid kit. Therefore, it will not happen again.</p>	<p>07/14/2023</p> <p style="text-align: right;">23 JUL 17 AM 51</p>

STATE OF HAWAII
DHHS
PUN-CHIA
STATE LICENSING

Licensee's/Administrator's Signature: *Eduardo Apastol*
Print Name: Eduardo Apastol
Date: 07/14/2023

23 JUL 17 AM 51
STATE OF HAWAII
DOH-OHCA
STATE LICENSING