

Office of Health Care Assurance

State Licensing Section

16 11 19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Alfe II	CHAPTER 100.1
Address: 1214 Kukila Street, Honolulu, Hawaii 96818	Inspection Date: November 12, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident [redacted] date on physical examination (PE) form written over area covered by "white out". Unable to discern what is under "white out". Please submit a copy of a current PE report that does not have changes or revisions.</p>	<p>Before I leave the doctor's office, I need to make sure that the papers-works (PE, LOC, Self-preservation) ^{forms} have no white out; when I arrive at the carehome, I need to make sure that my substitute caregiver will double check with me that the forms have no white out.</p>	<p>New PE, LOC, Self-preservation forms received 10/17/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction,</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p>FINDINGS Resident [redacted] date on physical examination (PE) form written over area covered by "white out". Unable to discern what is under "white out".</p>	<p>Before I leave the doctor's office, I need to make sure that the paper work (PE, LOC, Self-preservation forms) has no white out. When I arrive at the care home I need to make sure that my substitute caregiver will double check with me that the forms has no white out.</p>	<p>New PE, LOC, Self-preservation forms received on 11/17/15</p>

Licensee's/Administrator's Signature: [redacted]

Print Name: VIRGENIA A. BAPTISTA

Date: 1/12/16