

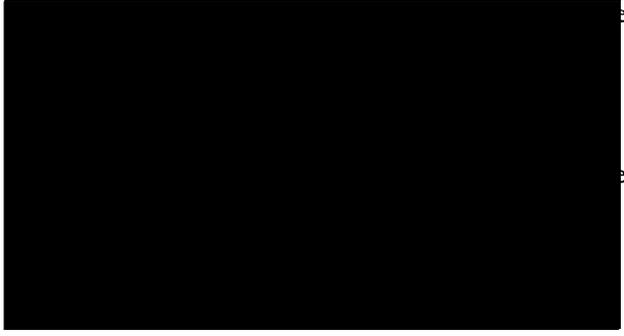
Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Annelyn Raval (ARCH)	CHAPTER 100.1
Address: 94-362 Apowale Street, Waipahu, Hawaii 96797	Inspection Date: January 28, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> [REDACTED]</p>	<p>11-100.1-15 (e) [REDACTED] In the future I will get a doctor signature on the discharge instruction and follow [REDACTED]</p>	3-23-2015
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> [REDACTED]</p>	<p>11-100.1-15 (g) [REDACTED] In the future I will get a telephone order every 4 months to re-new medications and let the doctor sign on the next visit, to the doctor and it will not happen again. I'm sorry again. Thank you for your kindness.</p>	3-23-2015

	Rules (Criteria)	Plan of Correction	Completion Date
		 <p>In the future I will get a telephone order every 4 months to re-have medications and let the doctor sign on the next visit, so that it will not happen again in the future. Thanks for your kindness consideration. GOD BLESS you.</p>	3-23-2015

Licensee/Administrator's Signature: Annelyn Raval

Print Name: ANNELYN RAVAL

Date: 3-23-2015