

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Julian, Clarita (ARCH)	CHAPTER 100.1
Address: 2364 Haumana Place, Honolulu, Hawaii 96819	Inspection Date: April 28, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS No documentation of training for substitute care givers [REDACTED] to make medications available to residents.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	FINDINGS 		

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____