

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Saldares, Florentina (ARCH)	CHAPTER 100.1
Address: 392 Kaiwika Road, Hilo, Hawaii 96720	Inspection Date: August 12, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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> <p>FINDINGS [redacted] emergency data sheet not correct, medications not updated.</p>	<p>[redacted]</p> <p><i>In the future, each time the physician change the resident medication I will up date the emergency data sheet immediately each time an emergency data sheet is change I will have my substitute double check to ensure the data sheet is complete</i></p>	<p><i>Sept 4, 2015</i></p>

Licensee/Administrator's Signature: *Florentina Saldares*

Print Name: FLORENTINA SALDARES

Date: *Sept 4 2015*