

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cabico-Perez, Loraine (ARCH)	CHAPTER 100.1
Address: 1318 Alani Street, Honolulu, Hawaii 96817	Inspection Date: June 5, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>In the future, I will make sure [REDACTED] medication is made available as ordered by his doctor. I will read instructions carefully on medications and immediately record on medication record sheet as ordered.</p>	6/6/15
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury,</p>	<p>In the future, any changes in medications or new orders written for [REDACTED] will be monitored and observed for any response or reaction to medication and recorded on progress notes.</p>	

behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;	Also to monitor for effectiveness of medication and recorded on progress notes	6/6/15
FINDINGS		
		

Licensee/Administrator's Signature: 

Print Name: LORRAINE PEREZ

Date: 6/30/15