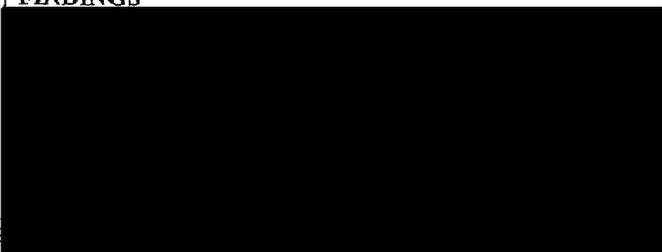


Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mary Ann's	CHAPTER 100.1
Address: 745 Puu Kala Street, Pearl City, Hawaii 96782	Inspection Date: February 27, 2015 Annual

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:  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, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;  <b>FINDINGS</b> 	 <i>In the future all conversation, even left messages will be documented in the progress notes. 6-11-15</i>  <i>In the future RN's medication response will be noted right away when it's given, the response of resident to it and also when it's resolved. 6-11-15</i>	

Licensee/Administrator's Signature:



Print Name: MARYANN FORD

Date: 6-11-15