

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Monegas Care Home and Expanded ARCH	CHAPTER 100.1
Address: 94-913 Kuhaulua Street, Waipahu, Hawaii 96797	Inspection Date: March 16, 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><b>FINDINGS</b> Resident [redacted] emergency data sheet not correct, medications not updated.</p>	<p>Emergency Data Sheet medication updated for Resident [redacted]. In the future Emergency data Sheet will be updated each time the doctor changes the medication. This will be checked by one of my substitute caregivers to make sure the information is correct.</p>	3/16/15

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 OFFICE OF HEALTH CARE ASSURANCE

Licensee/Administrator's Signature: Brenda M. Monégas

Print Name: BRENDA M. MONÉGAS

Date: April 23, 2015