

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Nita's Quality Home Care Services	CHAPTER 100.1
Address: 1533 Ala Iolani Place, Honolulu, Hawaii 96819	Inspection Date: May 21, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS</p> <div style="background-color: black; width: 100%; height: 20px;"></div>	<p><i>In the future I will be sure to do an assessment of residents who are readmitted/admitted and also make sure that all required documents are completed.</i></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>		

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	FINDINGS [redacted] emergency data sheet not correct, medications not updated.	[redacted] I will be sure that when writing list of all meds on chart, I will double check for accuracy.	5/21/15
<input checked="" type="checkbox"/>	§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions. FINDINGS [redacted]	[redacted] I will be sure to do an inventory of possessions for all residents at the same time, after the holidays, (x'mas) so it is easier to remember.	5/23/15

Licensee/Administrator's Signature: Cronita Salvador

Print Name: Cronita Salvador

Date: 5/23/15