

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Daligcon, Norma (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 1586 Lehua Street, Honolulu, Hawaii 96819	Inspection Date: May 14, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS</p>	<p>[Redacted]</p> <p>In the future, I should be more responsible to provide the primary caregiver + SCG Training documentations available at any time.</p>	<p>[Redacted]</p> <p>5/22/15 5/22/15 5/22/15</p>

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Licensee/Administrator's Signature: Norma Daligcon

Print Name: NORMA DALIGCON

Date: 9/28/15