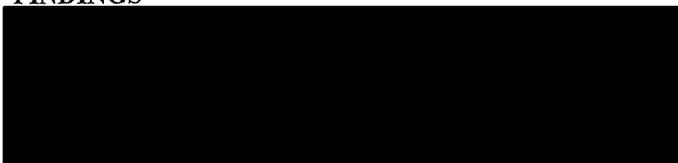


Office of Health Care Assurance

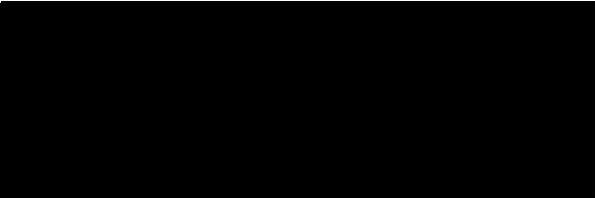
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Raquel Care Home	CHAPTER 100.1
Address: 1656 Hoolulu Road, Wahiawa, Hawaii 96786	Inspection Date: February 23, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) 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>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS</p> 	 <p>In the future, I will check/review carefully that all medications, Accucheck/treatment/diet, orders is signed by physician.</p>	03-12-2015

Licensee/Administrator's Signature:



Print Name:

Date: 03-12-2015