

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Atanes, Remedios	CHAPTER 100.1
Address: 87-542 Manuu Street, Waianae, Hawaii 96792	Inspection Date: May 26, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS</p> <p>1) [REDACTED]</p> <p>2) [REDACTED]</p>	<p>In the future check the medication order before leaving the H.D.S office, make sure the current medication was order.</p>	<p>RECEIVED 15 JUN 25 11:37 AM '15 STATE OF HAWAII OFFICE OF HEALTH CARE LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	reflected that the medication was discontinued on January 11, 2015.		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>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;</p> <p>FINDINGS</p> <div style="background-color: black; width: 100%; height: 20px;"></div>	<p>In the future I will observe resident outcome of medication and documented on <div style="background-color: black; width: 50px; height: 15px;"></div> progress note.</p>	<p>6/17/15</p>

Licensee/Administrator's Signature: Remedios Atanes

Print Name: Remedios Atanes

Date: 6-17-15