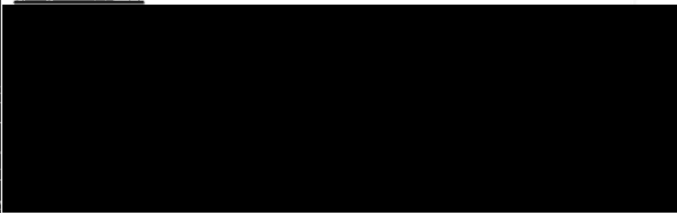
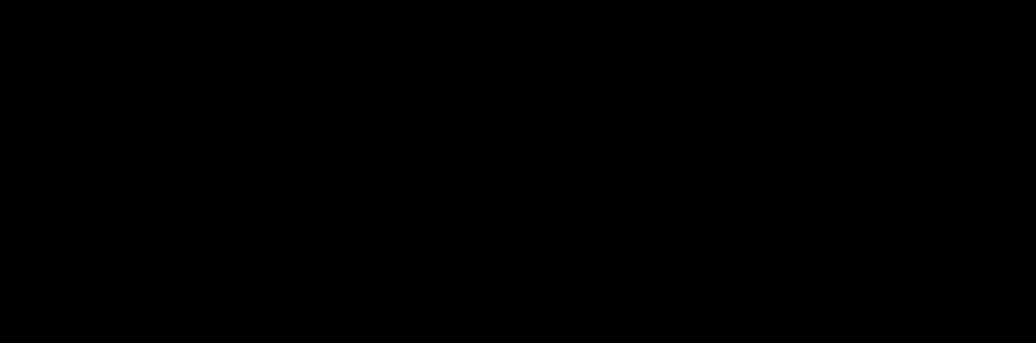


Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Rosario</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-1134 Hapapa Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: September 18, 2015 Annual</b>

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4)                      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>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><b>FINDINGS</b></p> 		10/7/2015

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STATE OF HAWAII  
HIGH-CHCA LICENSING

[REDACTED] In the near future to prevent  
[REDACTED] from reoccurring again I will call my nurse consultant to make to make  
[REDACTED] sure that it is okay to have PPD #1 and X-RAY even though  
[REDACTED] it is not positive.  
[REDACTED]

	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> [redacted] emergency data sheet incorrect, medication doses wrong and medication list not updated.</p>	[redacted]	9/19/2015

Licensee/Administrator's Signature: R. Gomez

Print Name: Rosario Gomez

Date: 10/08/15



In the near future, to prevent this deficiency from reoccurring again, I will always make sure that the emergency record for the resident's is completed and up to date

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DURHAM-OPCA L.P. 10/8/15