

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: United Family Care Home, LLC	CHAPTER 100.1
Address: 1328 Molehu Drive, Honolulu, Hawaii 96818	Inspection Date: May 13, 2015 Annual

	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>FINDINGS [redacted] emergency data sheet incorrect, medication not updated.</p>	<p>Will update [redacted] documents at once upon new order or changes of medication that includes includes MAR, emergency data sheet, proper info. will ask my assistants to check all check forms making sure updated.</p>	5/13/15
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p>FINDINGS [redacted] no indication of flu shot given or refused.</p>	<p>[redacted]</p> <p>during office visit and will document on chart accordingly.</p> <ul style="list-style-type: none"> - if given or refused. - reminder by refrigerator for myself - making sure all my charts will have updated flu shots - 	2/17

Licensee/Administrator's Signature: 

Print Name: HELEN GRACE V. GO

Date: 5/30/15