

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Waipahu Hale	CHAPTER 100.1
Address: 94-1201 Huakai Street, Waipahu, Hawaii 96797	Inspection Date: September 24, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS [REDACTED] Please have resident's level of care re-assessed by a physician.</p>	<p>[REDACTED]</p> <p>- WHEN A RESIDENT'S PHYSICIAN OR APRN ASSESSED THE RESIDENT AS "ARCH" LEVEL OF CARE BUT HAVE SPECIAL SKILLS SUCH AS COLOSTOMY, INSULIN ADMINISTRATION AND OTHERS, CALL THE NURSE CONSULTANT TO FIND OUT THE PROPER /RIGHT LEVEL OF CARE OF THE RESIDENT PRIOR TO ADMISSION. DO NOT RELY ON THE DISCHARGING FACILITY FOR THERE RECOMMENDATION.</p>	09-28-15

Licensee/Administrator's Signature: _____

Print Name: _____

Date: 09-29-15

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Licensee/Administrator's Signature:



Print Name:

Date: 12-15-2015