

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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STATE OF HAWAII  
DUH-OHCA LICENSING

Facility's Name: Daoang, Agustina (ARCH)	CHAPTER 100.1
Address: 1018 Luapele Drive, Honolulu, Hawaii 96818	Inspection Date: August 7, 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><b>FINDINGS</b> Resident [redacted] emergency data sheet incorrect, medications not updated.</p>	<p>Emergency data sheet update 8-7-15. In the future each time the Physician change and add a medication for the resident I will change the emergency data sheet. I will have my substitute double check.</p>	8-13-15
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.</p> <p><b>FINDINGS</b> Resident [redacted] inventory of resident possessions not current, last update 2013.</p>	<p>Inventory update on 8-9-15. In the future I will update each residents inventory the month following Christmas.</p>	8-13-15

Licensee/Administrator's Signature:



Print Name: AGUSTINA DACANG

Date: 8-13-15