

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: JRR ARCH	CHAPTER 100.1
Address: 94-564 Anaaina Place, Waipahu, Hawaii 96797	Inspection Date: June 25, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) 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>Documentation of primary care giver's assessment of resident upon admission;</p> <p><u>FINDINGS</u> Resident [REDACTED]</p> <ul style="list-style-type: none"> No primary care giver (PCG) admission assessment [REDACTED] 		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><u>FINDINGS</u> Resident [REDACTED]</p> <ul style="list-style-type: none"> • [REDACTED] 		

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____