

Office of Health Care Assurance

State Licensing Section

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 STATE LICENSING CENTER

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Viernes, May G. (ARCH)	CHAPTER 100.1
Address: 94-1184 Hina Street, Waipahu, Hawaii 96797	Inspection Date: November 4, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS</p> <p>[REDACTED]</p>	[REDACTED]	12/10/15
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all</p>	[REDACTED]	

	Rules (Criteria)	Plan of Correction	Completion Date
	action taken. Documentation shall be completed immediately when any incident occurs; FINDINGS 	<i>cont.</i> In the future, I will calmly locate the corresponding record regarding the resident's appointment and the medication records.	

Licensee/Administrator's Signature: _____



Print Name: MAY G. VIERNES

Date: 12/10/15

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA