

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: RJ Santiago ARCH & E-ARCH	CHAPTER 100.1
Address: 94-571 Loaa Street, Waipahu, Hawaii 96797	Inspection Date: July 29, 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 Resident [redacted] Emergency information sheet does not reflect current medication.</p>	<p>Whenever there is medication changes upon discharge from hospital, I will update the changes immediately on the emergency information.</p>	11/1/16
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Review the care plan monthly, or sooner as appropriate;</p> <p>FINDINGS Resident [redacted] care plan does not reflect case manager reviewed</p>	<p>Whenever case manager will do their monthly visit, I will make sure that case manager will sign the care plan every visit.</p>	11/1/16

	Rules (Criteria)	Plan of Correction	Completion Date
	care plan [REDACTED]		

Licensee's/Administrator's Signature

[REDACTED]
Print Name: JULIET SANTIAGO

Date: 11/1/16