

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sambajon, Remedios (ARCH)	CHAPTER 100.1
Address: 94-1042 Halelehua Street, Waipahu, Hawaii 96797	Inspection Date: April 15, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p>FINDINGS No cold and hot metal stem thermometer.</p>	<p>Bought the metal stem (hot & cold) thermometer 4/16/15. I will always use the metal stem (hot & cold) thermometer to check the food and make sure it is clean & put back in the drawer. I'd trained the substitute care given to do the same.</p>	4/16/2015
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (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 action taken. Documentation shall be completed immediately when any incident occurs;</p>	<p>I understand that it is important to document or write down in the resident's folder why P.R.N. is needed and if P.R.N. work to relieve the problem.</p>	10/05/2015

	Rules (Criteria)	Plan of Correction	Completion Date
	FINDINGS 	<i>In the future I will continue to write down the time + date I gave the PRN in the medication record and also write in the progress notes the time + dates I gave the medications as well as the reason why the resident requested the meds and later I will document in the progress note if that med had any effect.</i>	10-09-2015

OCT 15 2015
 10:46
 STATE OF IL
 JEFF-CHE

Licensee/Administrator's Signature: _____



Print Name: REMEDIOS Sambaion

Date: Oct. 09, 2015