

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

15 NOV 18 10:33
STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE

Facility's Name: Sagadraca Care Home	CHAPTER 100.1
Address: 94-329 Kiokio Place, Waipahu, Hawaii 96797	Inspection Date: November 25, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p>FINDINGS Resident [redacted] no record of influenza vaccination since [redacted]</p>	<p>[redacted]</p> <p><i>I will put a reminder on my calendar to make sure that all of my residents immunizations record is updated and accurate - yearly. Please see attachments.</i></p>	12/11/15
<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>		

FINDINGS
Resident [redacted] no completed emergency information form available.



11/25/2015

Each visit Emergency Information will be checked and updated for accuracy if it is correct. Please see attachment of Emergency Information.

Licensee/Administrator's Signature: [redacted]

Print Name: Aurora A. Sagadrea

Date: 12/16/2015