

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Respicio, Maria (ARCH)	CHAPTER 100.1
Address: 328 Wainohia Place, Hilo, Hawaii 96720	Inspection Date: December 11, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS Resident [REDACTED] Emergency Department Discharge Instructions indicated resident was seen on May 6, 2015 [REDACTED] However, no incident report.</p>	<p><i>I made the incident report. In the future I will do incident report as soon as incident occur.</i></p>	<p><i>12-13-15</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS Resident [REDACTED] no financial statement.</p>	<p>[REDACTED]</p> <p><i>in the future on admission to care check the admission check list to make sure all the documents are legal</i></p>	<p>12-13-15</p>

Licensee/Administrator's Signature: [REDACTED]

Print Name:

MARIA Y. RESPICIO

Date:

12-13-15