

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ugalino ARCH	CHAPTER 100.1
Address: 1017 Ehocho Avenue, Wahiawa, Hawaii 96786	Inspection Date: No POC received 12-03-15

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (e)(2) Inspections.</p> <p>Following an annual inspection, a list of deficiencies, if any, shall be given to the licensee or primary care giver of the ARCH or expanded ARCH. The licensee or primary care giver of the ARCH or expanded ARCH shall return a plan of correction for the deficiencies cited within ten working days. An acceptable plan for correcting deficiencies shall include the time frame for correction and the preventive measures that will be instituted to ensure compliance with this chapter;</p> <p><u>FINDINGS</u> Our records indicate that a statement of deficiencies for your 2015 annual inspection of September 18, 2015, was given to you at the time of your annual inspection. To date, the OHCA has not received a plan of correction from you.</p>		

Licensee/Administrator's Signature: _____

Print Name: _____

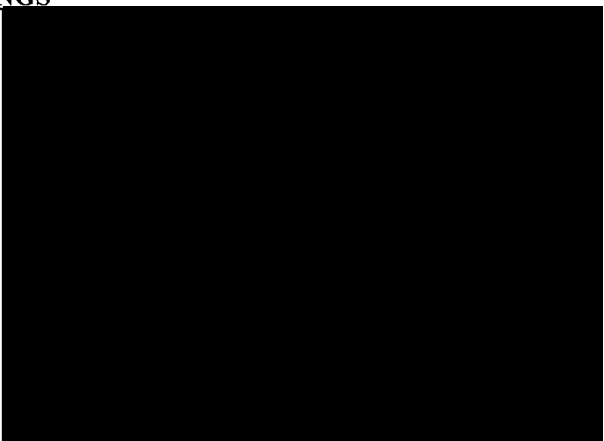
Date: _____

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u></p> <p>1) </p> <p>2)</p> <p>3)</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident [REDACTED] five (5) medications not renewed since [REDACTED]</p>		
☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(3) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p>FINDINGS Resident [REDACTED] Resident Emergency Information sheet did not list prescribed medications.</p>		
☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(7) During residence, records shall include:</p> <p>Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<u>FINDINGS</u> Resident [REDACTED] no monthly weight documented for [REDACTED] and [REDACTED]		

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____