

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aguinaldo, Purificacion (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 91-2176B Fort Weaver Road, Ewa Beach, Hawaii 96706	Inspection Date: November 4, 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 No incident report [REDACTED]</p>	<p><i>an incident report has been completed [REDACTED]</i></p> <p><i>In the future, I will utilize a reminder check list for all required documents needed for my residents</i></p>	<p><i>2/26/16</i></p>

Licensee's/Administrator's Signat

Print Nam

Date: Feb 26, 2016