

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION


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STATE OF HAWAII
HEALTH CARE LICENSING DIVISION

Facility's Name: Duldulao, Carina (ARCH)	CHAPTER 100.1
Address: 417 Ekehene Place, Hilo, Hawaii 96720	Inspection Date: September 11, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication.</p> <p>FINDINGS [REDACTED]. No countersigned telephone order obtained at the next physician visit. [REDACTED]. No countersigned telephone order obtained at the next physician visit.</p>	<p>Obtained counter signed orders [REDACTED] submitted with plan of correction</p> <p>Whenever there is a new/changed order I will obtain signature from the physician before I leave the office</p>	<p>9/15/15</p> <p>9/15/15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>. (b)(8) During residence, records shall include: Notation of visits and consultations made to resident by other</p>	<p>When on resident return from MD/consultant office visit I will write a progress note in the</p>	<p>9/15/15</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	professional personnel as requested by the resident or the resident's physician or APRN; FINDINGS  No notation in progress notes for physician office visits.	<i>back of the monthly progress note sheet, as soon as he/she performs.</i>	

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: 01/21/16