

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Corpuz (DDDH)	CHAPTER 89
Address: 99-226 Ohenana Place, Aiea, Hawaii 96701	Inspection Date: March 22, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b>FINDINGS</b> For Resident #1, entry noted that the Physician Evaluation form was mailed out. Entry noted that the Leave of Absence notice was sent to the various agencies. No other entries were written for July 2015 and August 2015. Entries did not include information, such as, resident's response to medications, diet and/or care.</p>	<p>11-89-18(b)(2)</p> <p>For future caregiver entries on the caregiver notes, caregivers will be more specific and detailed in writing entries such as describing how the resident will bring effectiveness of their medicines, diets and others and will make sure that this will not occur again.</p>	3/29/2016

Licensee's/Administrator's Signature: Pacita G. Corpuz

Print Name: PACITA G. CORPUZ

Date: March 29, 2016