

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ancheta, Emiliana (ARCH)	CHAPTER 100.1
Address: 94-1518 Kahualoa Street, Waipahu, Hawaii 96797	Inspection Date: January 12, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b>FINDINGS</b> Resident #1 medication administration record (MAR) missing administration initials for [REDACTED]</p>	<p><i>I will use a post reminder sheet on the front of the medication cabinet door for administrations to initial after administering [REDACTED] pill or other meds. to prevent this deficiency.</i></p>	<p><i>4/10/2016</i></p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b>FINDINGS</b> Resident #1 emergency sheet in care home binder does not</p>	<p>[REDACTED] <i>I will mark the</i></p>	

	have current list of medications.	calendar every monday of each	4/10/2016
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month and check the emergency sheet and mark the medication record to prevent the deficiency

on [redacted] I update the emergency record.

Licensee's/Administrator's Signature: Emiliana Ancketa  
Print Name: Emiliana Ancketa  
Date: 3/9/2016

Licensee's/Administrator's Signature: Emiliana Ancketa  
Print Name: Emiliana Ancketa  
Date: 4/10/2016

Licensee's/Administrator's Signature: Emiliana Ancketa  
Print Name: Emiliana Ancketa  
Date: 5/23/2016