

Office of Health Care Assurance

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State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
DEPARTMENT OF HEALTH

| | |
|---|---|
| Facility's Name: Leano, Glenda (ARCH) | CHAPTER 100.1 |
| Address: 94-945 Kuhaulua Street, Waipahu, Hawaii 96797 | Inspection Date: February 24, 2016 Annual |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|---|---|------------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u></p> <p>Resident #1 emergency date sheet not correct, medications not updated.</p> | <p><i>Resident #1 Emergency date sheet I failed to write the new medication immediately to the Resident Emergency information sheet until my last</i></p> | <p><i>02/25/16</i></p> |

inspection, has been added to the Resident Emergency information as of 2/25/16.

From now I make sure to write new orders medication immediately to the Resident Emergency information sheet. In addition I can ask my regular substitute to check the Resident Emergency information sheet.

Licensee's/Administrator's Signature: Glenda M. Leano

Print Name: GLEND A M. LEANO

Date: March 24, 2016

Licensee's/Administrator's Signature: Glenda M. Leano

Print Name: GLEND A LEANO

Date: 4/14/16