

Office of Health Care Assurance

State Licensing Section

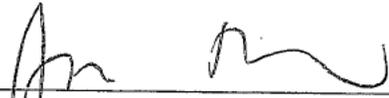
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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STATE OF HAWAII
DHS - OHCA LICENSING

Facility's Name: JRR ARCH	CHAPTER 100.1
Address: 94-564 Anaaina Place, Waipahu, Hawaii 96797	Inspection Date: June 25, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident #1:</p> <ul style="list-style-type: none"> No primary care giver (PCG) admission assessment 	<p>[REDACTED] i fill up another form for Admission Assessment form. I make sure that upon admission of a pt. i will always fill up the form w/ updated records.</p>	6-26-15
<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>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS Resident #1:</p> <ul style="list-style-type: none"> Date on incident report did not match PCG in date in progress notes of incident, stated that date should have been in progress notes. 	<p>[REDACTED] i inserted a late entry on the progress note and the date for that day of the incident report.</p> <p>In the future i'll make sure that the incident report + the progress note has the same day</p>	<p>6-25-15</p>

Licensee's/Administrator's Signature: 

Print Name: JEAN RAMIRO

Date: 3-8-16

Licensee's/Administrator's Signature: 

Print Name: JEAN RAMIRO

Date: 5-4-16