

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pascual, Marissa G. (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 45-220 Namoku Street, Kaneohe, Hawaii 96744	Inspection Date: March 31, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b>FINDINGS</b> Resident #1 No documentation of physician office visits [REDACTED]</p> <p>Resident #1 No documentation of dental office visits [REDACTED]</p>	<p>Resident #1 - Late entry Documentation in Progress note has been updated on Physician office visits [REDACTED]</p> <p>Resident #1 - Late entry Documentation in Progress note has been updated on Dental office visits [REDACTED]</p>	<p>3/31/16</p> <p>3/31/16</p>
		<p>In the future, I will ensure all consultations &amp; visits to physicians or Dentist will be documented in the Progress note describing the treatment &amp; services rendered.</p> <ul style="list-style-type: none"> <li>- Documentation will be completed immediately after all Physicians &amp; dentist visits &amp; consultations.</li> <li>- I will make a checklist to be used after every visits to Physician &amp; Dentist so that I will not forget in the Future.</li> </ul>	

---

Licensee's/Administrator's Signature: Marissa G. Pascual

Print Name: MARISSA G. PASCUAL

Date: 4/30/2016

---

Licensee's/Administrator's Signature: Marissa G. Pascual

Print Name: MARISSA G. PASCUAL

Date: 7/5/2016