

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: R & B ARCH/E-ARCH LLC	CHAPTER 100.1
Address: 94-912 Kumuao Street, Waipahu, Hawaii 96797	Inspection Date: March 2, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b>FINDINGS</b> SCG [redacted] whiteout used on physical exam record.</p>	<p>Requested at the doctor's office to sign a new Physical form for SCG [redacted] + made it sure that no whiteout is used on the form.</p> <p>In the future:</p> <ol style="list-style-type: none"> <li>① I will remind the office staff + Doctor's not to use any whiteout when completing the Physical form</li> <li>② Bring extra form to the office on next visit</li> <li>③ Next physical Exam due. will make it sure to check the form carefully</li> </ol>	5/2/16
<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>Completed a new Emergency sheet medication list right away to make it sure all current medication of Resident [redacted] are recorded accurately.</p> <p>In the future,</p> <p>&gt; I will make it sure that Emergency sheet Medication list has to be updated right away as soon as Resident [redacted] has a new medication ordered or discontinued.</p>	5/2/16

**FINDINGS**

Resident [redacted] emergency sheet medication list not current.

I have to make it sure that I will review the Emergency sheet of Residents every time to make it sure that records are complete, accurate, current + readily available for review.

- 7 Designate a caregiver to do audit of the chart every month to make it sure all records are complete.
- 7 Make a check list to be followed on audit day.
- 7 Always double check with other caregiver any new order + make it sure it's updated on record.

Licensee's/Administrator's Signature: \_\_\_\_\_ [redacted]

Print Name: \_\_\_\_\_

Date: 5/2/16