

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ramirez (DDDH)	CHAPTER 89
Address: 67-237 Kanalu Street, Waialua, Hawaii 96791	Inspection Date: March 4, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (e)(6) Medications:</p> <p>All physician orders shall be re-evaluated and signed by the physician every three months or at the next physician's visit, whichever comes first.</p> <p>FINDINGS</p> <div style="background-color: black; height: 80px; width: 100%;"></div>	<p>-Went back to their doctors to update the medications mentioned.</p> <p>- I will make sure to make the doctor's appointment earlier or schedule it within three months period before leaving the doctor's office. Also, I will put the appt. in the calendar as a reminder to ensure not to forget it.</p>	<p>13/7/16¹⁰²</p> <p>06/03/16</p>

Licensee's/Administrator's Signature: Marilyn N. Ramirez

Print Name: MARILYN N. RAMIREZ

Date: 03-14-2016

Licensee's/Administrator's Signature: Marilyn N. Ramirez

Print Name: MARILYN N. RAMIREZ

Date: 06-03-2016