

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Oamil, Remedios (ARCH)	CHAPTER 100.1
Address: 94-1011 Akihiloa Street, Waipahu, Hawaii 96797	Inspection Date: August 6, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p>FINDINGS Resident #1:</p> <ul style="list-style-type: none"> No diet order. 	See attached	8-7-2015

Licensee's/Administrator's Signature: Remedios A. Oamil

Print Name: REMEDIOS A. OAMIL

Date: 8/30/2016

11-100.1-13 [REDACTED] telephone call made to resident's MD regarding resident diet. There is no diet order on [REDACTED] Physical Exam. Resident #1 has been on regular diet for the past years. Resident MD gave telephone verbal order for regular diet on resident #1. [REDACTED]

In the future I will make sure and also my substitute that all the required forms are filled out completely and accurately before leaving the office.

Benedict A. Camil
Signature