

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sambajon, Remedios (ARCH)	CHAPTER 100.1
Address: 94-1042 Halehewa Street, Waipahu, Hawaii 96797	Inspection Date: April 18, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident [redacted] medication record and [redacted] progress notes reflected [redacted] taken by the resident.</p>	<p>To prevent from getting the same deficiency, I will make sure to make sure to check the doctor's notes for the medication order, make sure to check the medication label if same as the order. If not the same I will call the doctor to clarify the order.</p>	5-10-2016

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: 5-11-2016