

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Daguimol, Shirley (ARCH)	CHAPTER 100.1
Address: 92-603 Malahuna Loop, Makakilo, Hawaii 96707	Inspection Date: November 4, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p>FINDINGS No hot/cold reading metal stem thermometer.</p>	<p>Purchased hot/cold thermometer [REDACTED]. Faxed a picture of the thermometer to the nurse surveyor Mr. Justin Lam, RN, which [REDACTED] confirmed was the correct thermometer.</p>	12/16/2015
<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>FINDINGS Resident #1 emergency sheet medication list missing physician ordered medication, [REDACTED] [REDACTED]</p>	<p>CHO will make sure all physician ordered medications will be listed and updated on the emergency sheet medication list.</p> <p>PLEASE SEE ATTACHED PLAN OF CORRECTION'S COMPLETION DATES</p>	11/04/2015

Plan of correction

Completion Date

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| <p>1. Corrected and updated emergency medication list on the day of inspection.</p> <p>2. CHO will make sure all physician ordered medications will be listed and updated on the emergency medication list (EML) using the following methods:</p> <ul style="list-style-type: none">a. Place a reminder on the calendar to check and update the EML monthly. This will be scheduled at the end of each month when a new MAR is generated for the following month.b. Update EML at the end of each doctor's visit if any medication changes are made to the current list.c. Create a monthly alarm on personal cellphone reminding to update the EML. | <p>1. November 4, 2015</p> <p>2. February 24, 2016</p> |
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License/Administrator's Signature: Shirley Daguisal

Print Name: SHIRLEY DAGUIMOL

Date: 12-28-15

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Licensee's/Administrator's Signature: Shirley Daguisal

Print Name: SHIRLEY DAGUIMOL

Date: 2-24-16

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