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STATE OF HAWAII

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Violet's	**CHAPTER 100.1**
Address: **1104 Wiliki Drive, Honolulu, Hawaii 96818**	**Inspection Date: February 16, 2016 Annual**

	Rules (Criteria)	**Plan of Correction**	**Completion Date**
☒	§11-100.1-88 Case management qualifications and services. (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided; **FINDINGS** Resident [redacted] no documentation that case manager provided ongoing evaluation of care givers skills.	SEE ATTACHED	2/19/2016

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

Print Name: [redacted]

Date: 2/19/2016

11-100.1-88(c)(9)Contacted my case manager [redacted] and informed [redacted] about my deficiency to my resident [redacted].Case manager came [redacted] to correct and did our training skills. Copy is attached [redacted]. In the future i will mark and make sure to put it in my calendar for every month of December to remind me and my case manager to updates our skills training to myself and my substitutes. WILL FOLLOW RULES AND REGULATIONS.

[redacted]