

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Olipares, Celestina (ARCH)	CHAPTER 100.1
Address: 45-693 Keneke Street, Kaneohe, Hawaii 96744	Inspection Date: May 27, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p>FINDINGS Resident #1 No notation in progress notes for physician office visits</p>	<p>We made late entry Progress Notes</p> <p>In the future I will make sure to write progress Notes every after Doctor's Visit as soon as resident returns.</p>	6/10/16
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring</p>	<p>I rewrote the General Operating Policy to specify DHS rate and had resident sign.</p>	

Rules (Criteria)	Plan of Correction	Completion Date
<p>agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS Resident #1 no specific rates for services. signed General Operating Policy reflects a range of [REDACTED] for services rendered at the care home.</p>	<p>In the future before admitting the resident I will make sure that I will check to see if GOP has specific charges, if not, I will not admit the resident until all documents are completed and signed.</p>	<p>6/10/16</p>

Licensee's/Administrator's Signature: Celestina Olipares

Print Name: CELESTINA OLIPARES

Date: 7/28/2016