

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Magaoay, Shirley (ARCH)	CHAPTER 100.1
Address: 1529 Leilani Street, Honolulu, Hawaii 96819	Inspection Date: November 2, 2015 Annual

IMMEDIATE ADVISORY

POSTING OF DEFICIENCIES AND PLANS OF CORRECTIONS

If you fail to submit a plan of correction (POC) within ten (10) working days of receipt of your Statement of Deficiencies (SOD):  
Your SOD will be posted on the Department of Health (DOH) website with the following statement:

**“POC NOT RECEIVED AS OF <DATE>”**

If you initially submit an unacceptable POC (UPOC), you have ten (10) working days to submit an acceptable POC. If the revised POC is still unacceptable, your SOD will be posted on the DOH website with the following statement:

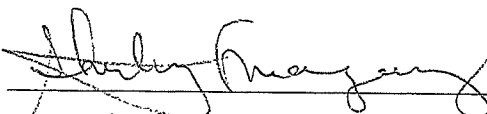
**“POC NOT ACCEPTABLE”**

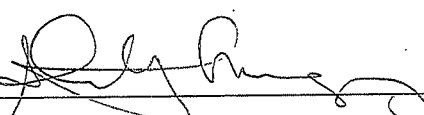
If you initially submit an unacceptable POC (UPOC), but you fail to submit a revised POC, your SOD will be posted on the DOH website with the following statement:

**“POC NOT ACCEPTABLE”**



	Rules (Criteria)	Plan of Correction	Completion Date
<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 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><b>FINDINGS</b> Resident #1 signed agreement reflects range between [REDACTED], instead of related charges for services.</p>	<p><b>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</b> I redrafted the General Operational Policy form for my care home to reflect the specific rates Amount of pay I am receiving for client # [REDACTED]</p> <p><b>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> I will in the future ready the General Operational Policy form updated with the specific rates of pay I am receiving each month from Client #1. I will also do the same for the other residents. I will make sure the rate agreement to reflect exact monthly rates (not the range amount) I will make sure that this form must be readily available upon admitting the client. If not available, it must be signed as soon as possible and must be available during inspection.</p>	<p>12/1/2015</p> <p>12/1/2015</p>

Licensee's/Administrator's Signature:   
Print Name: Shirley Magaoy  
Date: August 28, 2015

Licensee's/Administrator's Signature:   
Print Name: Shirley Magaoy  
Date: 4/13/2016