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:	Inspection Date: November 2, 2015 Annual
1529 Leilani Street, Honolulu, Hawaii 96819	

IMMEDIATE ADVISORY

POSTING OF DEFICIENCES AND PLANS OF CORRECTIONS

If you <u>fail to submit</u> a plan of correction (POC) within <u>ten (10)</u> working <u>days</u> 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 <u>unacceptable</u> POC (UPOC), you have <u>ten (10) working days</u> to submit an <u>acceptable</u> 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 <u>unacceptable</u> POC (UPOC), but you <u>fail to submit</u> 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
§11-100.1-20 Resident health care standards. (c) The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.	WHAT DID YOU DO TO CORRECT THE DEFICIENCY? I had been discussing with Dr regarding to start weight. Jollow up of lost weight communication on	12/1/2015
FINDINGS Resident #1 Weight loss of . No documentation that change in physical status communicated to physician.	in the progress note. Record up dated	7
	FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? I will in the future record immediately in the resident's	12/1/2015
	one all com upon noticing the change of weight call and inform Do dot inmediately.	
	Trained subfitules to observe & watch for this changes also	

Rules (Criteria)	Plan of Correction	Completion Date
§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C) Residents' rights and responsibilities: 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:	WHAT DID YOU DO TO CORRECT THE DEFICIENCY? I redrafted the General Operational Policy form for my care from Jo reflect fine speleific rote amount of pay I am recurry for chint It!	12/1/2015
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; FINDINGS Resident #1 signed agreement reflects range between instead of related charges for services.	FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Junit al spirational Policy form updated with the speaked nation of pay Jam receiving each, months from Chint \$1. I will also do the	12/1/2015
	Jam Chint II I flut set as suit Danie pur the rote agreement to reflect react monthly hate (root the range almost be readily available upon admitting the chief of not available it must be signed as some as possible and must be as aprel as some as possible and	<u>† </u>

Licensee's/Administrator's Signature: Shirly Magaoay Date: August 28, 2015	
Licensee's/Administrator's Signature: Print Name: Shirley Magazar Date: 4/13/2016	