Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Quiocho, Lolita (ARCH)	**CHAPTER 100.1**
Address: 4103 Likini Street, Honolulu, Hawaii 96818	**Inspection Date: June 22, 2016 Annual**

	Rules (Criteria)	**Plan of Correction**	**Completion Date**
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1 no progress note		6/22/16
☒	§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms: Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover,		

Aug 31, 2016

H-100-1-17(b)(3)

What done to correct the deficiency? How will you prevent the deficiency in the future?

I have documented the medication & treatment of my clients recieved from their psychiatrist & PCP. I have also documented their diet with menuplan. I have documented the time & day and all treatment recieved by my residents & used a physician report form. I have made an up-to-date file for each residents doctors visit & doctors note for my client containing information such as emergency records, physical exam reports & meds management etc.

How will you prevent the deficiency in the future?

I will prevent lack of documentation report by issuing physician reports form for my residents & will keep an pertinent health file for each client in a timely bases.

H-100-1-23(d)(3)(B)

What was done to correct the deficiency? How will you prevent the deficiency in the future?

	a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident; **FINDINGS** Bedroom #2 no pliable plastic pillow protector.	11-100-L-23 Physical environment (a)(3)(B) This is what I will do to prevent any future deficiency. I will use a check lists to make sure I have a calendar to use for every day reminders and to check their pillows protector every day.	9-26-16

Licensee's/Administrator's Signature: Lolita Quiocho

Print Name: LOLITA QUIOCHO

Date: 7-22-16

Licensee's/Administrator's Signature: Lolita Quiocho

Print Name: LOLITA QUIOCHO

Date: 8/31/16

Licensee's/Administrator's Signature: Lolita Quiocho

Print Name: LOLITA QUIOCHO

Date: 9-26-16

11-100-1-23(0)(3)(B).

CHD will make sure to double check or provided all patient for their individual used like plastic pillow protector pillow cases with their names.