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Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Galamgam, Crescencia (ARCH)	CHAPTER 100.1
Address: 94-1278 Peke Place, Waipahu, Hawaii 96797	Inspection Date: October 21, 2016 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 emergency medication sheet missing</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>yes, I corrected the deficiency by updating the Resident #1 emergency medication sheet</i></p>	<p style="text-align: center;"><i>10/22/16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (f)(4)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent the same deficiency from occurring in the future I will put reminder in my calendar after every doctor's appointment to update my "Resident Emergency Sheet." That way their medication list is up-to date with current and discontinued medications.</p>	<p style="text-align: center;">10/24/16</p>

Licensee's/Administrator's Signature: *C. Galangan*

Print Name: Crescencia R. Galangan

Date: November 1, 2016