

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Violet's	CHAPTER 100.1
Address: 1104 Wiliki Drive, Honolulu, Hawaii 96818	Inspection Date: February 10, 2017 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.

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u> Resident #1 emergency data not updated. Medication listed that have been discontinued and other medications ordered not listed.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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>Resident #1 updated a new list of medications in RESIDENT EMERGENCY INFORMATION.</p>	<p style="text-align: center;">2/10/2017</p> <p style="text-align: right; vertical-align: bottom;">17 10:21 16:59</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17 (e)	<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>In the future i will make sure to change& made a new medication list in the RESIDENT INFORMATION(EMERGENCY) every after Doctor visit.And i will trained my substitute care giver to check also.</p>	<p style="text-align: center;">2/10/2017</p> <p style="text-align: right; vertical-align: bottom;"> <small>77 MAR 21 16:59</small> </p>

Licensee's/Administrator's Signature: Violet G. Sadural

Print Name: Violet A. Sadural

Date: 3/28/17

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