

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
HEALTH CARE LICENSING

Facility's Name: Bautista, Dolores (ARCH)	CHAPTER 100.1
Address: 1939 Waikaha Place, Honolulu, Hawaii 96819	Inspection Date: February 8, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident #1 No level of care assessment on or prior to admission.</p>	<p>In the future, if I don't acquire the level of care assessment, I will not admit resident until I do.</p>	<p>2/20/16</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include: Notation of visits and consultations made to resident by other</p>	<p>In the future, I will keep a calendar of when</p>	<p>2/20/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	professional personnel as requested by the resident or the resident's physician or APRN; FINDINGS Resident #1 No progress notes detailing provider visits on 11/9/15 (social worker), 12/5/15 (APRN), 1/14/16 (APRN).	<i>residents have professional consults and I will write progress notes immediately after the appointment.</i>	<i>2/20/16</i>

Licensee's/Administrator's Signature: *Dolores Bautista*

Print Name: Dolores Bautista

Date: *3/21/16*