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Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII  
DCH-ORCA LICENSING

Facility's Name: Evelyn's	CHAPTER 100.1
Address: 94-824 Kumukula Street, Waipahu, Hawaii 96797	Inspection Date: July 15, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (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><b>FINDINGS</b> Resident #1 emergency data sheet incorrect, medications not updated from last physician visit on 7/12/16.</p>	<p>11-100.1-17(e) Records &amp; REPORTS #1</p> <p>1. I will updated the resident emergency data Information sheet.</p> <p>2. In the future, I will write the new doctors order for the client the day I get the new doctors order on the emergency data information sheet. I will train my daughter my substitute to double check, to make sure I put the orders on the resident emergency data information correctly.</p>	July 15, 2016

Licensee's/Administrator's Signature: Evelyn Paco

Print Name: EVELYN PACO

Date: 7/28/16