

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pascual, Marissa G. (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 45-220 Namoku Street, Kaneohe, Hawaii 96744	Inspection Date: March 31, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p>FINDINGS Resident #1 No documentation of physician office visits 11/3/15, 12/15/15, and 1/11/16.</p> <p>Resident#1 No documentation of dental office visits 12/12/15, 12/29/15, and 1/13/16.</p>	<p>Resident #1 - Late entry Documentation in Progress note has been updated on Physician office visits dated 11/3/15, 12/15/15, 1/11/16.</p> <p>Resident #1 - Late entry Documentation in Progress note has been updated on Dental office visits dated 12/12/15, 12/29/15, 1/13/16</p>	<p>3/31/16</p> <p>3/31/16</p>
		<p>In the future, I will ensure all consultations & visits to physicians or Dentist will be documented in the Progress note describing the treatment & services rendered.</p> <ul style="list-style-type: none"> - Documentation will be completed immediately after all Physicians & dentist visits & consultations. - I will make a checklist to be used after every visits to Physician & Dentist so that I will not forget in the Future. 	

Licensee's/Administrator's Signature: Marissa G. Pascual

Print Name: MARISSA G. PASCUAL

Date: 4/30/2016

Licensee's/Administrator's Signature: Marissa G. Pascual

Print Name: MARISSA G. PASCUAL

Date: 7/5/2016