

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Padre, Norma (ARCH)	CHAPTER 100.1
Address: 94-607 Mahoe Street, Waipahu, Hawaii 96797	Inspection Date: January 8, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
✓	<p><input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p>FINDINGS Resident #1 emergency sheet, medications documented in pencil.</p>	<p><i>I updated Resident #1 emergency sheet today in pen Jan. 8 2016 at 1:30 pm. put a note in my monthly calendar to enter current medication in pen.</i></p>	<p><i>3/6/16</i></p>
✓	<p><input checked="" type="checkbox"/> §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>FINDINGS Resident #1 emergency sheet, medication list not current.</p>	<p><i>I updated Resident #1 emergency sheet on current medication Jan 8 2016 at 1:30 pm. Will enter in my monthly calendar new medication to serve as a Reminder.</i></p>	<p><i>3/6/16</i></p>

Licensee's/Administrator's Signature: Norma Padre

Print Name: NORMA PADRE

Date: 3-6-14