

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Atanes, Remedios (ARCH)	CHAPTER 100.1
Address: 87-542 Manuu Street, Waianae, Hawaii 96792	Inspection Date: May 5, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS Resident #1, no admission assessment for February 9, 2016.</p>	<p>To prevent the deficiencies in the future I re-admit the resident and use the admission form for the resident chart. Also train my substitute caregiver to double check my admission paper work.</p>	5/30/16

Licensee's/Administrator's Signature: Remedios Atanes

Print Name: Remedios Atanes

Date: 5-30-16