

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Galan, Juanita (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-324 Kiapu Street, Waipahu, Hawaii 96797	Inspection Date: April 6, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-4 <u>Waiver</u>. (e) Waiver renewal. No waiver renewal shall be granted except on request therefor. Any such request shall be submitted to the department at least sixty days prior to the expiration of the waiver. The department shall act on a request for renewal within sixty days of the receipt of such request. Any waiver granted pursuant to this section may be renewed on terms and conditions which would be appropriate on initial granting of a waiver, for periods not exceeding one year; provided that:</p> <p>FINDINGS Resident #1, department letter dated 12/29/14 granted a one-year waiver of case management services. The primary care giver handed the Nurse Consultant a written request to renew the case management waiver during the annual inspection; however, the request is untimely.</p>	<p>In the future I will read the entire letter and identify if there is a response needed and scheduled a reminder in the chart or calendar.</p>	<p>8/9/14</p>

Licensee's/Administrator's Signature: Juanita Galan

Print Name: Juanita Galan

Date: 8/10/16