Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Myles Care Home	CHAPTER 100.1
Address: 719 S. Kei Place, Kahului, Hawaii 96732	Inspection Date: February 1, 2018 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-17 Records and reports. (b)(8) During residence, records shall include: Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN; FINDINGS Resident #1: no notation in progress notes reflecting visits; i.e., MD office visits on 03/04/17, 07/28/17 and 11/22/17.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY I made notations on the Progress Notes regarding M D nisits on 03-04-17-411-22	02-01-18

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (b)(8) During residence, records shall include:	PART 2 FUTURE PLAN	
Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
FINDINGS Resident #1: no notation in progress notes reflecting visits; i.e., MD office visits on 03/04/17, 07/28/17 and 11/22/17.	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	after I make appt. for consult	
	I will put a sticky note on the Progress Notes with the Dor as a reminder. Once the	
	the Progress Notes with the DO,	}
	appt. is made, I will make	
	a notation on the purgues	vetes.
	afte I make the note	
	I will dispose the reminder	ne-mi rene- erre erre
	Note.	.8
		en e

Licensee's/Administrator's Signature:	Pfnla
Print Name:	Victoria R. Paranada
Date: _	02-02-18