

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Obaldo, Marcelina (ARCH) | CHAPTER 100.1 |
| Address: 94-852 Kuhaulua Street, Waipahu, Hawaii 96797 | Inspection Date: October 12, 2017 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.

STATE OF HAWAII
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| | 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><u>FINDINGS</u> Resident #1, physician consult visits on 4/17/17, 5/9/17, 6/9/17, 6/27/17, 8/28/17 and 9/27/17. No progress notes reflecting those professional consultations.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, this deficiency was corrected immediately after the surveyor's on-site visit. The physician visits for Resident #1 in April 2017, May 2017, June 2017, August 2017 and September 2017 were noted in the respective monthly progress notes to reflect the professional consultations.</p> | <p>October 13, 2017</p> <p style="text-align: right; font-size: small;">STATE OF TEXAS DEPARTMENT OF HEALTH</p> |

| | 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><u>FINDINGS</u> Resident #1, physician consult visits on 4/17/17, 5/9/17, 6/9/17, 6/27/17, 8/28/17 and 9/27/17. No progress notes reflecting those professional consultations.</p> | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Upon return from doctor's appointment/visit I will write a progress note regarding the physician or APRN notes right away. To ensure that I do not forget I will place a reminder on Resident's folder to check calendar, review physician visit and complete a progress note before end of the day.</p> <p>At the end of each month before writing the Resident's monthly progress note, I will double check and review the calendar and physician notes to ensure all progress notes are documented and completed. Also, I will place a reminder on Resident's folder to check calendar, review physician notes again to ensure I will not forget to complete the monthly progress note.</p> | <p style="text-align: center;">May 21, 2018</p> <p style="text-align: right;">'18 MAY 21 AM 11:05</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> |

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Licensee's/Administrator's Signature: Marcelina Obaldo

Print Name: MARCELINA OBALDO

Date: May 21st 2018
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Licensee's/Administrator's Signature: Marcelina Obaldo

Print Name: MARCELINA OBALDO

Date: 11/17/17

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