

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pascua ARCH L.L.C.	CHAPTER 100.1
Address: 98-209 Kanuku Street, Aiea, Hawaii 96701	Inspection Date: May 2, 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.

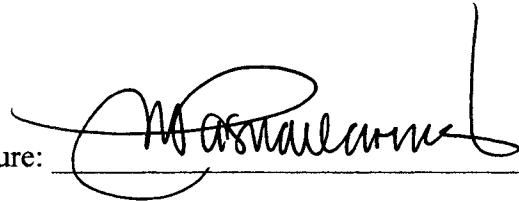
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> For Resident #1, no progress notes documenting resident response to diet. Order changed from "No Added Salt chopped Texture" diet to "regular" diet on 04/17/17.</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 style="text-align: center;"><i>Progress note was corrected, documenting resident diet. Order was changed from No Added Salt chopped texture to regular diet.</i></p>	<p style="text-align: right;"><i>Nov. 22, 2017</i></p> <p style="text-align: right;">17</p> <p style="text-align: right;">107</p>

	Rules (Criteria)	Plan of Correction	Completion Date
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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p>FINDINGS For Resident #1, charges for services not stated in the care home policy signed upon admission.</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 style="text-align: center;"><i>Resident's copy was stated monthly charges on the policy that was given to the family. It was now recorded in the care home policy that is kept with the patient's record.</i></p>	<p style="text-align: center;"><i>Nov. 22, 2017</i></p> <p style="text-align: center;">17 07</p>

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Licensee's/Administrator's Signature: _____



Print Name: _____

NOVELYN P. LARENAS

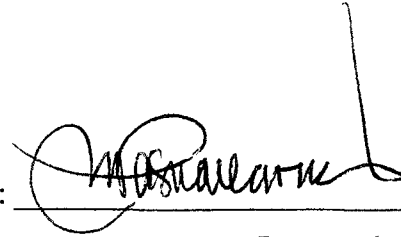
Date: _____

Nov. 22, 2017

UNIVERSITY OF CALIFORNIA

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Licensee's/Administrator's Signature:



Print Name:

NIREUM P. LIARENAS

Date:

5/18/2013