Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E. Ramos	**CHAPTER 100.1**
Address: **98-063 Puaole Street, Aiea, Hawaii 96701**	**Inspection Date: November 13, 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary. **FINDINGS** Resident #1, "Resident Emergency Information" form is missing the following information: 1. For Advanced Health Care Directive (AHCD) form reads, "no AHCD." However, AHCD dated 6/19/12. 2. No diet information. 3. Current dentist not listed. 4. No annual TB clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Updated the resident emergency information in the chart.	11/13/18

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Licensee's/Administrator's Signature: Erlinda Ramos

Print Name: ERLINDA RAMOS

Date: NOV. 20, 2018