

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: BILLENA, MATHILDA (ARCH)	CHAPTER 100.1
Address: 94-1169 Limahana Street, Waipahu, Hawaii 96797	Inspection Date: November 6, 2020 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
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p>FINDINGS Resident #1, transported to emergency room by ambulance on 11/27/2019; however, no evidence of an incident report.</p>	<p style="text-align: center;">PART 1</p> <p><i>I did make incident report of this incident so happen the paper I wrote was not in my incident book - until the second doctor</i></p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>P.S. Always remember to put all the proper papers where it belongs</i></p>	<p><i>Did it 11/27/2019</i></p>

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Licensee's/Administrator's Signature: Matilda Billew

Print Name: Matilda Billew

Date: 2/17/2020