

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E.F. Nicomedes	CHAPTER 100.1
Address: 1271 Kaeleku Street, Honolulu, Hawaii 96825	Inspection Date: February 11, 2021 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

2021
FEB -8 P 3:37

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident #1: General register not up to date.</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><i>I did my plan on correction added his name on the general registration sheet.</i></p> <div style="text-align: right; margin-top: 20px;"> <p>STATE OF HAWAII DOH-ONCA SENSE IMPROVING</p> </div>	<p><i>2/11/2021</i></p> <p style="text-align: right;"><i>Eluder</i></p> <p style="text-align: right;">21 MAR-8 13:37</p>

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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> (h)(3)(C) Miscellaneous records:</p> <p>When day care clients are permitted in a Type I ARCH, records shall be maintained and include:</p> <p>Emergency information;</p> <p><u>FINDINGS</u> Resident #1: medication list on medical information sheet not up to date.</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>I did my deficiencies, I updated the medical information sheet.</i></p> <div style="text-align: right; font-size: small;"> STATE OF HAWAII DOH-ONCA STATE LICENSING </div>	<p style="text-align: right;"><i>2/11/2021</i></p> <p style="text-align: right;"><i>gilder</i></p> <p style="text-align: right;">21 MAR -8 P3:37</p>

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Licensee's/Administrator's Signature: Edna F. Nicomedes

Print Name: Edna F. Nicomedes

Date: 3/2/2021

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