

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: RCH – Popolo Place	CHAPTER 89
Address: 99-193 Popolo Place, Aiea, Hawaii 96701	Inspection Date: June 29, 2022 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.**

22 JUL 12 P4:15  
 STATE LICENSING  
 DIVISION  
 LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 Records and reports. (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b>FINDINGS</b> Resident #1 - No documented evidence of self-preservation certification.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Resident #1's self-preservation certification was actually on file. However, it was incorrectly marked noting that Resident #1 is unable to self-preserve. Caregiver escorted Resident #1 back to her PMD and got it corrected after re-assessment was completed. The corrected self-preservation certification is now on file.</p>	<p style="text-align: right;">7/8/22</p> <p style="text-align: right;">22 JUL 12 P4:15</p> <p style="text-align: right; font-size: small;">STATE OF MARYLAND 091-09104 STATE DEPARTMENT</p>

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Licensee's/Administrator's Signature: *MM*  
 Print Name: Michael P. Marsh  
 Date: 7-11-22

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