

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc in Hawaii – Waipahu A	CHAPTER 89
Address: 94-060A Poilani Circle, Waipahu, Hawaii 96797	Inspection Date: August 26, 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) 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>§11-89-18 <u>Records and reports.</u> (b)(8) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Notation of visits and consultations made to residents by other authorized personnel;</p> <p><u>FINDINGS</u> Resident #1 – Physical exam on 3/30/22 and physician's office visit on 12/8/21 were not documented in progress notes.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(8) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Notation of visits and consultations made to residents by other authorized personnel;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physical exam on 3/30/22 and physician's office visit on 12/8/21 were not documented in progress notes.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>Home manager will schedule next dental appointment after each appointment. Refusal of dental care will be noted in the TLog. Home Manager will submit dental visit note as required. Nurse will continue to review and make recommendations during her quarterly visits.</p>	9/30/22

Licensee's/Administrator's Signature: Laurie Nakagawa

Print Name: Laurie Nakagawa

Date: 9/19/22