

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E. Mabini ARCH	CHAPTER 100.1
Address: 94-1083 Kuhaulua Street, Waipahu, Hawaii 96797	Date: April 22, 2015 Leave Notification

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (i)                      The primary care giver shall give advance notice to residents and the resident's families, legal guardians, or surrogates or responsible agencies if the primary care giver plans to be absent for more than three days. Such advance notice shall be not less than one week except during emergencies. The primary care giver shall have a written plan, approved by the department, for providing resident care during any absence of the primary care giver from the Type I ARCH. This written plan shall also identify the duties and responsibilities of the substitute care giver. This rule does not apply to the primary care giver's short absences for shopping, errands, or other appointments unless the resident's condition requires full-time supervision and is addressed in the resident's schedule of activities or care plan.</p> <p><b>FINDINGS</b>                      [REDACTED] "Leave Notification and Plan" was received on [REDACTED] five (5) days prior to [REDACTED] the first day of the leave.</p>		

Licensee/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_