

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Amodo, Gloria (ARCH)	CHAPTER 100.1
Address: 1437 Ala Leleu Street, Honolulu, Hawaii 96818	Inspection Date: November 13, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Substitute care giver (SCG) [redacted] current physical examination document not in record; per primary care giver physical examinations completed, waiting for physician to send document to home. PROVIDE COPY WITH YOUR PLAN OF CORRECTION (POC).</p>	<p>[redacted]</p> <p><i>In the future, I will use a calendar to remind me when PE ^{are due} is due for all my caregivers and residents. I will double check to make sure SCG [redacted] PE report is properly filed.</i></p>	11/14/15
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p>	<p>[redacted]</p> <p><i>In the future, I will use a calendar</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS SCG [redacted] history of positive tuberculosis test, per primary caregiver attestation form completed at time of physical waiting for physician to send document to home. PROVIDE COPY WITH YOUR POC.</p>	<p><i>to remind me when TB clearance are due for all my caregivers and residents. I will double check to make sure SCG [redacted] TB clearance is properly filed.</i></p>	<p>11/14/15</p>

Licensee/Administrator's Signature: _____

[redacted signature]

Print Name: Gloria Amodo

Date: 12/12/15