

Office of Health Care Assurance

State Licensing Section

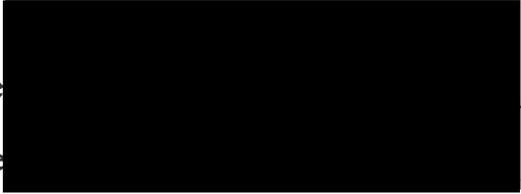
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Prieto, Gloria (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 3504 Likini Street, Honolulu, Hawaii 96818	Inspection Date: April 21, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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><b>FINDINGS</b> Substitute care giver [redacted] hired to work in home while primary care giver and substitutes are at training for 3+ hours, no current physical examination. <b>Submit copy with your plan of correction.</b></p>	<p>In the future I'll ask [redacted] to have [redacted] P.E when I need [redacted]. Enclosed copy</p>	5/3/15
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b>  [REDACTED] no current tuberculosis clearance. Submit copy with your plan of correction.</p>	<p>In the future I'll make sure that [REDACTED] have the copy of [REDACTED] TB clearance. Enclosed copy</p>	5/3/15
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (e)(3)  The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b>FINDINGS</b>  [REDACTED] no current certification in first aid. Submit copy with your plan of correction.</p>	<p>In the future I'll make sure that [REDACTED] have the copy of [REDACTED] First aid. Enclosed copy</p>	5/3/15
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (f)(1)  The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b>FINDINGS</b>  [REDACTED] no current certification in cardiopulmonary resuscitation. Submit copy with your plan of correction.</p>	<p>In the future I'll make sure that [REDACTED] have the copy of [REDACTED] CPR. Enclosed copy</p>	5/3/15

Licensee/Administrator's Signature



Print Name

Date: 5/23/15