

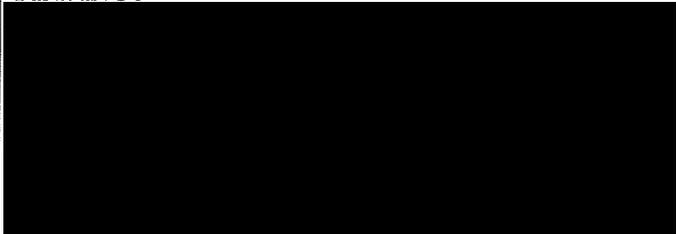
Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Hilario ARCH</b>	<b>CHAPTER 100.1</b>
<b>Address: 91-1137 Ahona Street, Ewa Beach, Hawaii 96706</b>	<b>Inspection Date: March 6, 2015 Annual</b>

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<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> <p><b>FINDINGS</b></p> <div style="background-color: black; width: 100%; height: 100%; min-height: 100px;"></div>		
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b>FINDINGS</b>  </p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (i)  The primary care giver shall provide the opportunity for each resident to have pneumococcal and influenza vaccines and all necessary immunizations following the recommendations of the Advisory Committee on Immunization Practices (ACIP) or resident's physician or APRN.</p> <p><b>FINDINGS</b>   No current flu vaccination. <b>Submit copy with POC.</b></p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b>FINDINGS</b>   No admission assessment by PCG.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b>FINDINGS</b>  <span style="background-color: black; color: black;">██████████</span> No tuberculosis clearance. <b>Submit copy with POC.</b></p>		

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

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

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