

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: MSI ARCH/EXPANDED ARCH	CHAPTER 100.1
Address: 99-603 Alia Place, Aiea, Hawaii 96701	Inspection Date: May 7, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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> No first aid certification:</p> 	 <p>to prevent this deficiency from occurring PCG will make a check lists off all requirements needed 30 days prior to due date</p>	5/16/15
<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>	same as above	5/16/15

Rules (Criteria)	Plan of Correction	Completion Date
Be currently certified in cardiopulmonary resuscitation;  <b>FINDINGS</b> No current cardiopulmonary resuscitation certification: <div style="background-color: black; width: 200px; height: 30px; margin-top: 5px;"></div>		
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.  <b>FINDINGS</b> <div style="background-color: black; width: 250px; height: 30px; margin-top: 5px;"></div>	<div style="background-color: black; width: 300px; height: 100px; margin-top: 5px;"></div>	5/26/15

*To prevent this deficiency from occurring a client admitted in the MSE facility in special diet, current menus should be reviewed and updated.*

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



Print Name: MARCELO IBERA

Date: 11/20/15