

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Paguirigan, Marietta (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 4007 Keaka Drive, Honolulu, Hawaii 96818	Inspection Date: February 11, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS Current menu not posted in the dining area for the residents.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p>FINDINGS Second exit obstructed by a chair and end table.</p>	<p>Chair and end table were removed from the second exit door.</p> <p>In the future, I will retrain my Substitute Care Givers not to put any object blocking the exit door and I will put a sign saying "Do not block exit door at anytime".</p>	2/11/2015

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(10) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct comprehensive reassessments of the expanded ARCH resident every six months or sooner as appropriate;</p> <p>FINDINGS [REDACTED] case manager conducting annual comprehensive reassessments. Should be done every six (6) months or sooner.</p>		

Licensee/Administrator's Signature: Marietta Paguirigan

Print Name: MARIETTA PAGUIRIGAN

Date: 6/19/15