

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Navarro, Rebecca (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-1354 Hiaai Place, Waipahu, Hawaii 96797	Inspection Date: January 22, 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>FINDINGS</p> <ul style="list-style-type: none"> • [REDACTED] • [REDACTED] 		
<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><u>FINDINGS</u></p> <p>[REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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><u>FINDINGS</u> [REDACTED] No first aid certification. Submit copy with POC.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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><u>FINDINGS</u> [REDACTED] No cardiopulmonary resuscitation (CPR). Submit copy with POC.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (k) Physician or APRN orders for nutritional supplements including vitamins, minerals, formula meals and thickening agents shall be updated annually or sooner as specified.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS</p> <p>[REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p>FINDINGS Unsecured:</p> <ul style="list-style-type: none"> • Glade aerosol cans in resident bedrooms #2 and #3. • Two (2) laundry detergent containers near washing machine. • Downy fabric softener on dryer. • Room containing bleach and other cleaning agents door unlocked. 		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(3)(B) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Doors:</p> <p>When multiple locking devices are used on exits, a maximum of two locking mechanisms for egress shall be allowed;</p> <p>FINDINGS Four (4) locking devices on front exit.</p>		

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____