

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cabingabang Care Home	CHAPTER 100.1
Address: 94-1121 Waipahu Street, Waipahu, Hawaii 96797	Inspection Date: July 10, 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><u>FINDINGS</u> No physical exam:</p> <ul style="list-style-type: none"> • [REDACTED] Submit copy with plan of correction (POC). 		
<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> <ul style="list-style-type: none"> No tuberculosis clearance: Submit copy with plan of correction (POC). • [REDACTED] • [REDACTED] • [REDACTED] 		
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Upstairs refrigerator thermometer registering 50 degrees Fahrenheit.</p>		
<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><u>FINDINGS</u> Resident [REDACTED]</p> <ul style="list-style-type: none"> No physical exam. Submit copy with POC. No tuberculosis clearance. Submit copy with POC. 		

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____