

Office of Health Care Assurance

State Licensing Section

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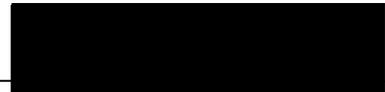
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII  
HEALTH CARE LICENSING

Facility's Name: Castro ARCH	CHAPTER 100.1
Address: 1484 Ala Iolani Street, Honolulu, Hawaii 96819	Inspection Date: November 27, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><b>FINDINGS</b> PCG has completed five (5) of six (6) hours of continuing education units (CEU) in past year. Please submit one additional hour of CEU with your plan of correction (POC). The additional training hours will count for 2015 only.</p>	<p><i>I attended the lecture on Dec. 9, 2015. Enclosed is a copy of the signed flyer.</i></p> <p><i>I will prevent this from happening in the future by making sure that all my CEUs are related to my residents' medical history.</i></p>	<p><i>12/9/15</i></p>

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



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

*Maria Castro*

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

*12/15/15*