

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aliga, Nelly (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 174 Lukia Street, Hilo, Hawaii 96720	Inspection Date: January 11, 2016 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><b>FINDINGS</b> Primary care giver (PCG) no current physical examination. (Last done 06-05-14)</p>	<p><i>I made an appt on Jan. 14, 2015 In the future I will mark my calendar 2 months prior on the app. date + call my physician for an appt</i></p>	
<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> <p><b>FINDINGS</b> PCG, no current tuberculosis (TB) attestation. (Last done 06-05-14)</p>	<p><i>In the future I will mark my calendar 2 months prior on the app. date + call my doctor for an appt.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a)  Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><b>FINDINGS</b>  </p>	<p><i>I will make an appt. to the physician to get the level of care assessment  In the future I will check my check list for readmission and give the papers to the hosp. before readmission</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b>FINDINGS</b>  </p>	<p><i>In the future I will check my check list to make sure I will do the admission assessment upon admission</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><b>FINDINGS</b></p> <p>[REDACTED]</p>	<p><i>In the future I will give the physical exam paper to the hosp. to be filled out before admission Diet obtain on NOV. 17, 2015</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b>FINDINGS</b></p> <p>[REDACTED]</p>	<p><i>The next visit I will bring physical exam paper to obtain self preservation In the future prior to readmission I will give that physical exam paper to be filled out the self preservation prior to admission</i></p>	

Licensee/Administrator's Signature

[REDACTED SIGNATURE]

Print Name: Neily Aliga

Date: 1-13-15

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	Rules (Criteria)	Plan of Correction	Completion Date
<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> <p><b>FINDINGS</b> PCG, no current tuberculosis (TB) attestation. (Last done 06-05-14)</p>	<p><i>I made an appt. Jan. 8, 2016 It's already done. In the future I will mark my calendar 12 months prior on the app. date &amp; call my Dr. for appointment</i></p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p>	<p><i>I make an appt. her appt. is Feb. 8, 2016 to get the Dr. sign the level of care assessment. In the future I will check my check list for readmission &amp; admission &amp; give the paper to the hosp.</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS</p> <p>[REDACTED]</p>	<p>before readmission</p>	
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>In the next appt. which is on [REDACTED] I will bring self preservation paper the P.E. to obtain the self preservation to be signed by [REDACTED] physician.</p> <p>In the future prior to readmission I will give the P.E. paper to be filled out the self preservation prior to admission</p>	

Licensee/Administrator's Signature \_\_\_\_\_  
 [REDACTED]

Print Name: Nelly Aliga

Date: 1-26-16