

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cabatu, Robert (ARCH)	CHAPTER 100.1
Address: 3258 A Hinano Street, Honolulu, Hawaii 96815	Inspection Date: May 5, 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 annual physical exam:</p> <ul style="list-style-type: none"> • Substitute care giver (SCG) [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> <p><u>FINDINGS</u> No annual tuberculosis certification:</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<ul style="list-style-type: none"> • SCG █ Submit copy with POC. 		
<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> No first aid certification:</p> <ul style="list-style-type: none"> • SCG █ Submit copy with POC. 		
<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> No current cardiopulmonary resuscitation certification:</p> <ul style="list-style-type: none"> • SCG █ Submit copy with POC. 		

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____