Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Parubrub, Tina (ARCH)	**CHAPTER 100.1**
Address: **94-1108 Hina Street, Waipahu, Hawaii 96797**	**Inspection Date: June 25, 2015 Annual**

	Rules (Criteria)	**Plan of Correction**	**Completion Date**
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** Family member (FM) [redacted] No physical exam. **Submit copy with plan of correction (POC).**		
☒	§11-100.1-9 Personnel, staffing and family requirements. (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.		

	Rules (Criteria)	Plan of Correction	Completion Date
	FINDINGS FM #2: No tuberculosis clearance. **Submit copy with POC.**		
☒	§11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms. **FINDINGS** [redacted]		
☒	§11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; **FINDINGS** Permanent general register inaccurate: • [redacted]		

	Rules (Criteria)	Plan of Correction	Completion Date
	• [redacted] •		

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____