

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cua, Lilia (ARCH)	CHAPTER 100.1
Address: 464 Heahea Street, Hilo, Hawaii 96720	Inspection Date: August 28, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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>FINDINGS Resident [redacted] No annual tuberculosis clearance.</p>	<p>Made calendar w/ all of the appts due dates / expirations for all my residents. I will consult this calendar every so often to make sure I donot miss expiring clearances.</p>	8/29/2015

Licensee's/Administrator's Signature: [redacted]

Print Name: Lilia J. Cua

Date: 2/5/2016

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