Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tuliao ARCH	**CHAPTER 100.1**
Address: **298 Olu Street, Hilo, Hawaii 96720**	**Inspection Date: January 20, 2016 Annual**

	Rules (Criteria)	**Plan of Correction**	**Completion Date**
☒	§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. **FINDINGS** Primary care giver, substitute care giver (SCG) [redacted] and SCG [redacted] with history of positive tuberculosis (TB) skin test, no current TB attestation.	TB attestation obtained from Physician's office and a copy is on file. Next Time this form shall be done ahead of Time 1-2 months prior to Surveyor's inspection to ensure that current TB Clearances is made available.	2/29/2016
☒	§11-100.1-15 Medications. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident. **FINDINGS** [redacted]	Primary Caregiver called in Physician's office to clarify this findings and the said office acknowledged mistake made. In the future; next office visit I'll make sure to review carefully notes written before leaving the office and to comprehend directions written.	2/29/2016

	Rules (Criteria)	Plan of Correction	Completion Date
	[redacted]		
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** [redacted]	In the future PCG will obtain a Copy of Physician's order and indicate Time administered to be documented on MAR on a timely manner. I will write exactly Physician's order written on the MAR. 4x daily or every 4 hr. If not sure ask the nurse or doctor to clarify to avoid recurring mistakes.	2/29/2016

Licensee/Administrator's Signature: [redacted]

Print Name: Genevie Tuliao

Date: 2/29/16