Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cabico, Aurora (ARCH)	**CHAPTER 100.1**
Address: **1721 Merkle Street, Honolulu, Hawaii 96819**	**Inspection Date: May 2, 2016 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** Household Member #1 No documentation of current annual physical examination. **Submit copy with plan of correction.**	Copy of annual physical enclosed, in the future I will mark my calendar a month prior to annual check up as a reminder to make appointment in advance for annual physical	5/6/16
☒	§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** Household Member #1 No documentation of current annual tuberculosis clearance. **Submit copy with plan of correction.**	Copy of TB test enclosed, in the future I will ~~make~~ mark my calendar a month prior to annual TB test as a reminder to schedule TB test in advance.	5/6/16

Licensee's/Administrator's Signature: Aurora C. Cabico

Print Name: AURORA C. CABICO

Date: 5/24/16