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State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
COMMUNITY CARE LICENSING

Facility's Name: Leonila Nuesca (ARCH)	CHAPTER 100.1
Address: 94-946 Mapala Place, Waipahu, Hawaii 96797	Inspection Date: April 18, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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>FINDINGS [REDACTED] Provide a copy of [REDACTED] your plan of correction.</p>	<p>[REDACTED]</p> <p>I will use a check list to keep track of TB results. I will use a calendar also.</p>	5/2/2016
<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: Be currently certified in first aid;</p> <p>FINDINGS Substitute care giver [REDACTED] no current first aid certification in records. Provide a copy of a current first aid certification with your plan of correction.</p>	<p>Substitute care giver [REDACTED] first aid certificate was misplaced but was able to find it. I will use a check list for important certificates to be attached in records.</p>	4/28/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><u>FINDINGS</u> Multiple smoke detectors in the care givers residence beeping during inspection, not working properly.</p>	<p>Smoke detectors 1 upstairs and just floor had been replaced w/ new battery smoke detectors.</p> <p>I will use a check list for smoke detectors to be tested monthly.</p>	<p>4/30/16</p>

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____

6/20/2016