

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

RECEIVED
 MAY 11 2016
 10:30 AM

Facility's Name: Marquez, Luz (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-908 Kumuao Street, Waipahu, Hawaii 96797	Inspection Date: May 4, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident#1 No documentation of two step tuberculosis clearance obtained prior to admission.</p>	<p>RESIDENT #1 HAD TB SKIN TEST DONE AND WAS FREE OF COMMUNICABLE DISEASE. HAD ANOTHER TB SKIN TEST AND WAS FREE OF COMMUNICABLE DISEASE. TOOK RESIDENT NOTI TO THE DEPARTMENT OF HEALTH T.B DRACHT FOR CONSULTATION AND THE NURSE SAID DON'T NEED ANY TB TESTING BUT COULD NEED ANOTHER ONE IN THE FUTURE I WILL MAKE SURE THE RESIDENT HAS A 2 STEP TB CLEARANCE BEFORE ADMISSION AND KEEP IT ON FILE ON FOLDER</p>	<p>MAY 09 2016</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p>	<p>A FIRE DRILL WAS DONE WITH 4 RESIDENTS & 3 HOUSEHOLD</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	Fire drills shall be conducted and documented at least monthly under varied conditions and times of day; FINDINGS No fire drill documentation [REDACTED]	MEMBER LOSTED [REDACTED] BUT FORGOT TO DOCUMENT IT. IN THE FUTURE I WILL MAKE SURE TO DO A FIRE DRILL EVERY MONTH AT VARRIED CONDTIONS & TIMES OF DAY AND REMEMBER TO DOCUMENT IT IMMEDIATELY SO I WONT FORGET IT.	5/4/14

Licensee's/Administrator's Signature: Suz Marguez

Print Name: SUZ MARGUEZ

Date: 5/09/14