

Office of Health Care Assurance

State Licensing Section

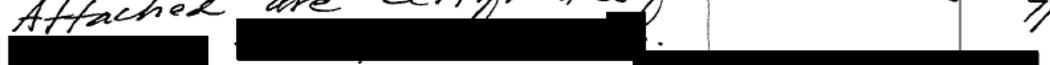
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
DEPARTMENT OF HEALTH

Facility's Name: Nita's Quality Home Care Services	CHAPTER 100.1
Address: 1533 Ala Iolani Place, Honolulu, Hawaii 96819	Inspection Date: May 12, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p>FINDINGS Primary care giver no record of completed continuing education (CEU) hours for 2015 inspection year. Six (6) hours of CEU's required each year. Submit six (6) hours of CEU's completed certificates with your plan of correction.</p>	<p><i>Attached are certificates for in-services</i>   <i>I will make sure that certificates be issued at the completion of in-service training. upon</i></p>	<p><i>7/7/16</i></p>

Licensee's/Administrator's Signature



Print Name:

Date:

7/7/04