

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Simpliciano's ARCH	CHAPTER 100.1
Address: 94-106 Kaupu Place, Waipahu, Hawaii 96797	Inspection Date: March 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 SCG [redacted] no evidence of [redacted] x-ray or annual tuberculin test.</p>	<p>SCG [redacted] Tuberculosis clearance has been obtained. See attachment.</p> <p>In the future, I will refer to a list of requirements needed by all the individuals, caregivers prior to contact with the residents.</p>	4/28/16

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: 4/28/16