

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pascual, Soledad (ARCH)	CHAPTER 100.1
Address: 91-711 Fort Weaver Road, Ewa Beach, Hawaii 96706	Inspection Date: December 01, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS SCG [redacted] no first aid certification. Please submit proof of first aid certification with your plan of corrections.</p>	<p>SCG [redacted] was on extended leave [redacted] and therefore was not my substitute. [redacted] recently returned [redacted] and [redacted] would resume [redacted] duties as one of my substitutes. I was in the process of collecting [redacted] required documents and was still awaiting [redacted] CPR/First Aid certifications. [redacted].</p> <p>Unfortunately, I did not receive them in time for my inspection. Please see enclosed. Please note, however, [redacted] did not cover for me until I had all the requirements in place. In the future, I will continue to maintain my calendar that I track all of our required certifications and ensure that I request them about 2-4 weeks ahead of time and also give frequent reminders so I can receive them in a timely manner.</p>	12-1-15
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p>		12-1-15

FINDINGS

SCG [redacted] no cardiopulmonary resuscitation (CPR) certification. Please submit proof of CPR certification with your plan of corrections (POC).

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Unfortunately, I did not receive them in time for my inspection. Please see enclosed. Please note, however, [redacted] did not cover for me until I had all the requirements in place. In the future, I will continue to maintain my calendar that I track all of our required certifications and ensure that I request them about 2-4 weeks ahead of time and also give frequent reminders so I can receive them in a timely manner.

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: 2-25-16