Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: T & F Home Service, LLC	**CHAPTER 100.1**
Address: **45-339 Kahowaa Place, Kaneohe, Hawaii 96744**	**Inspection Date: March 24, 2016 Annual**

	Rules (Criteria)	**Plan of Correction**	**Completion Date**
☒	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. **FINDINGS** Primary Care Giver, and Substitute Care Givers #1, #2, #3; documentation of only 10 hours of continuing education.	Request from case manager RN for inservices certificates completed for past 2 months. for all care givers. In the future to avoid this from happening again I must remind RN to give us certificate as soon as inservice done instead of Year end.	4/7/2016
☒	§11-100.1-84 Admission requirements. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information: Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.	Request a print out from doctors office on vaccination on Res #1.	

	Rules (Criteria)		
	FINDINGS Resident #1 No documentation of current, annual Influenza vaccination. Resident#1 No documentation of current, Pneumococcal vaccination.	In the future upon admission I must follow check list making sure that all requirements on vaccinations is in order & up to date and filed in their charts. If there's no proof then its my duties to take resident to doctor's to get it done.	4/1/16

Licensee's/Administrator's Signature: [signature]

Print Name: Francesca Mafua

Date: 4/22/16

Licensee's/Administrator's Signature: [signature]

Print Name: Francesca Mafua

Date: 5/13/16