

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Navarro, Rebecca (ARCH/Expanded ARCH) | CHAPTER 100.1 |
| Address: 94-1354 Hiaai Place, Waipahu, Hawaii 96797 | Inspection Date: January 22, 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> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS</p> <ul style="list-style-type: none"> • Substitute care giver (SCG) #1: No physical exam (PE). Submit copy with plan of correction (POC). • Housekeeper: No date on PE form. Submit copy with POC. | See Attached | 12/12/16 |
| <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> | | |

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|---|---------------------|-----------------|
| | <p>FINDINGS</p> <ul style="list-style-type: none"> • SCG #1: No annual tuberculosis clearance. Submit copy with POC. • Housekeeper: No date on annual tuberculosis clearance form. Submit copy with POC. | <i>See attached</i> | <i>12/12/16</i> |
| <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 #1: No first aid certification. Submit copy with POC.</p> | <i>See attached</i> | <i>12/12/16</i> |
| <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> <p>FINDINGS SCG #1: No cardiopulmonary resuscitation (CPR). Submit copy with POC.</p> | <i>See attached</i> | <i>12/12/16</i> |

11-100.1-9(a) SCG #1 obtained her PE 9/30/13, copy is attached.

11-100.1-9(a) SCG #1 In the future I use calendar to remind me when PE's are due for all caregivers, housekeepers and residents. The calendar will remind me 2 months ahead the PE's are due, I will remind the caregivers to get their PE by due date.

Fibucca Navarro

11-100.1-9(a) Housekeeper went back to her doctor and let her doctor signed and dated her PE, 12/24/14 copy is attached.

11-100.1-9(a) Housekeeper - In the future I have to check the PE paper if it's all filled up and also remind housekeeper to check the paper if signed and dated by the doctor before leaving the office.

Fibucca Navarro

11-100.1-9(b) SCG #1, obtained her annual TB clearance
copy is attached. 9/30/13

11-100.1-9(b) SCG #1 In the future I use calendar
to remind me when TB clearance due. The
calendar remind me 2 months ahead when
due. I will remind the caregiver to get
their ^{TB} clearance by due date.

Rebecca Navarro

11-100.1-9(b) Housekeeper went back to her doctor
and let him signed and dated her
annual tuberculosis clearance. 12/24/14
copy is attached.

11-100.1-9(b) Housekeeper - In the future I will
check and read the TB clearance paper
if it signed and dated. I remind the
housekeeper to check the TB clearance paper
if its complete before leaving the
doctor's office.

Rebecca Navarro

11-100.1-9(c)(3) SCG #1 obtained her first aid certificate 10/05/13-10/05/15 copy is attached.

11-100.1-9(c)(3) SCG #1 In the future I will use calendar to remind me when the first aid certificate due. The calendar remind me 2 months ahead when due. I will remind the caregivers to renew en get first aid certificate by due date.

Rebecca Navarro

11-100.1-9(f)(1) SCG #1 obtained her cardiopulmonary resuscitation certificate 10/05/13-10/05/15 copy attached.

11-100.1-9(f)(1) SCG #1 In the future I use calendar to remind me when CPR certificate due. The calendar will remind me 2 months ahead when due. I will remind the caregivers to get a new CPR certificate by due date.

Rebecca Navarro

Licensee/Administrator's Signature: Rebecca Navarro

Print Name: REBECCA NAVARRO

Date: 12/12/14

Licensee/Administrator's Signature: Rebecca Navarro

Print Name: REBECCA NAVARRO

Date: 5/8/15

Licensee/Administrator's Signature: Rebecca Navarro

Print Name: REBECCA NAVARRO

Date: 11/04/16