

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: The Arc in Hawaii – Lusitana A (DDDH)</b>	<b>CHAPTER 89</b>
<b>Address: 1660A Lusitana Street, Honolulu, Hawaii 96813</b>	<b>Inspection Date: November 16, 2016</b>

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-5 <u>Certification</u>. (b)  A certificate shall be issued to the caregiver when the caregiver has completed and passed the training requirements as stated in §11-89-7 and §11-89-8 of these rules.</p> <p><b><u>FINDINGS</u></b>  Caregiver #1 has been utilized in the DDDH since March 2016; however, there is no verification that she has been approved as a certified caregiver. (NOTE: Submit a caregiver application with the plan of correction.)</p>	<p style="text-align: center;"><b>Part 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The caregiver application was completed by caregiver #1 and submitted to OHCA by The Arc in Hawaii's HR Assistant. See attachment 1</p>	11/17/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-89-5(b)	<p style="text-align: center;"><b>Part 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Should an employee transfer to DOM from another program within The Arc in Hawaii or a new employee is hired, the HR Coordinator will communicate this to the HR Assistant. The HR Assistant will ensure the Caregiver Application is completed by the employee and submitted to OHCA within three months of working in the home.</p>	11/17/16

Licensee's/Administrator's Signature: Christine Menezes

Print Name: Christine Menezes

Date: December 1, 2016