


Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Reyes, Cesaria (ARCH)	CHAPTER 100.1
Address: 2602 Nihi Street, Honolulu, Hawaii 96819	Inspection Date: August 12, 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><b>FINDINGS</b></p> <ol style="list-style-type: none"> <li>1. Primary care giver (PCG) no current physical examination (PE) on file. <b>Submit copy with your plan of correction (POC).</b></li> <li>2. Family member (FM) #1 no current PE on file. <b>Submit copy with your POC.</b></li> <li>3. FM #2 no current PE on file. <b>Submit copy with your POC.</b></li> </ol>	See attached	8-12-16
<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</p>	See attached	16 NOV 23 P 3:00

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>evidence of an initial and annual tuberculosis clearance.</p> <p><b>FINDINGS</b></p> <ol style="list-style-type: none"> <li>1. PCG no current tuberculosis (TB) clearance on file. <b>Submit copy with your plan of correction (POC).</b></li> <li>2. FM #1 no current TB on file. <b>Submit copy with your POC.</b></li> <li>3. FM #2 no current TB on file. <b>Submit copy with your POC.</b></li> </ol>	<p>See attached</p>	<p>8-12-16</p>
<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><b>FINDINGS</b> Substitute care giver (SCG) #1 no current first aid certification. <b>Submit copy with your POC.</b></p>		<p>8-12-16</p>
<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><b>FINDINGS</b> SCG #1 no cardiopulmonary resuscitation certification. <b>Submit copy with your POC.</b></p>		<p>8-12-16</p> <p>16 NOV 23 P 3:00</p> <p>FILED</p>

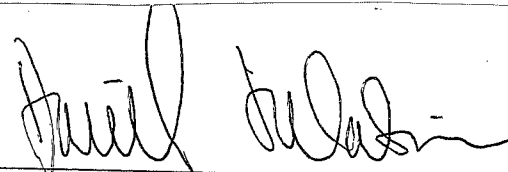
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b>FINDINGS</b> No thermometer for hot and cold in kitchen.</p>	<p>see attached</p>	<p>8-12-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><b>FINDINGS</b> Resident #1 no current flu shot.</p>	<p>Flu shot was done and will be done before inspection.</p>	<p>RECEIVED SEP 18 2015 STATE OF CONNECTICUT DEPARTMENT OF HEALTH SERVICES</p>

Licensee's/Administrator's Signature: Cesaria C. Reyes

Print Name: CESARIA C. REYES

Date: 8-12-15

Licensee's/Administrator's Signature:



Print Name:

Daniel A. Lalosin

Date:

11-22-16

DEFICIENCIES 2015

11-100.1-9 (a) #1

- 1) PHYSICAL OF (PCG) WAS COMPLETED ON 08/17/15
- 2) IN THE FUTURE WE WILL HAVE A CALENDAR POSTED WHEN PHYSICAL IS DUE AND REMINDED A MONTH BEFORE IT IS DUE BY SUBSTITUTE CAREGIVER

11-100.1-9 (a) #2

- 1) PHYSICAL OF (FM) #1 WAS COMPLETED ON 08/17/15
- 2) IN THE FUTURE WE WILL HAVE A CALENDAR POSTED WHEN PHYSICAL IS DUE AND REMINDED A MONTH BEFORE IT IS DUE BY SUBSTITUTE CAREGIVER

11-100.1-9 (a) #3

- 1) PHYSICAL OF (FM) #2 WAS COMPLETED ON 05/06/16
- 2) IN THE FUTURE WE WILL HAVE A CALENDAR POSTED WHEN PHYSICAL IS DUE AND REMINDED A MONTH BEFORE IT IS DUE BY SUBSTITUTE CAREGIVER

*Daniel Laloen*  
Daniel Laloen  
08-12-16

11-100.1-9 (a) #1

16 NOV 23 03:00

FILED

DEFICIENCIES #2

11-100.1-9 (b) #1

- 1) TB CLEARANCE OF (PCG) WAS COMPLETED ON 04/01/16
- 2) IN THE FUTURE WE WILL HAVE A CALENDAR POSTED WHEN TB CLEARANCE IS DUE AND REMINDED A MONTH BEFORE THE TB CLEARANCE IS DUE FROM THE SUBSTITUTE CAREGIVER

11-100.1-9 (b) #2

- 1) TB CLEARANCE OF (FM) #1 WAS COMPLETED ON 04/01/16
- 2) IN THE FUTURE WE WILL HAVE A CALENDAR POSTED WHEN TB CLEARANCE IS DUE AND REMINDED A MONTH BEFORE THE TB CLEARANCE IS DUE FROM THE SUBSTITUTE CAREGIVER

11-100.1-9 (b) #3

- 1) TB CLEARANCE OF (FM) #2 WAS COMPLETED ON 01/08/16
- 2) IN THE FUTURE WE WILL HAVE A CALENDAR POSTED WHEN TB CLEARANCE IS DUE AND REMINDED A MONTH BEFORE THE TB CLEARANCE IS DUE FROM THE SUBSTITUTE CAREGIVER

*Daniel Galus*  
*Daniel Galus*

*8-12-16*

EMERGENCY

16 NOV 23 P3:00

REMOVED