

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Retuta, Blandina (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-1116 Kahuailani Street, Waipahu, Hawaii 96797	Inspection Date: February 2, 2017 Annual

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

17 JUN -9 110:32

	RULES (CRITERIA)	Plan of Correction	Completion Date
☒	<p>§11-100.1-9 <u>Personal, 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> <p>FINDINGS Substitute care givers #2, #3 No two step TB clearance.</p>	<p align="center">PART 1</p> <p align="center"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p align="center">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>I will get a documented evidence/copy of the two step PPD for:</p> <ul style="list-style-type: none"> - Substitute Care Giver #2 at Lanakila TB Branch -Substitute Care Giver #3 at Lanakila TB Branch 	<p align="right">2/13/2017</p> <p align="right">2/3/2017</p> <p align="center">17 JUN -9 AM 03:32</p>

	RULES (CRITERIA)	Plan of Correction	Completion Date
☒	<p>§11-100.1-9 <u>Personal, 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> <p><u>FINDINGS</u> Substitute care givers #2, #3 No two step TB clearance.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will thoroughly check my records before inspection every January 1, one month before my yearly inspection on February. If it is not present in my records, I will follow up with my substitute care givers to get a documented evidence (copy) at the Lanakila TB Branch by January 10.</p>	<p>17 JUN -9 110:32</p>

Licensee's/Administrator's Signature: Blandina S. Retuya

Print Name: BLANDINA S. RETUYA

Date: June 09, 2017

17 JUN -9 AM 03:32