

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Paguirigan, Marietta (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 4007 Keaka Drive, Honolulu, Hawaii 96818	Inspection Date: February 17, 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.

DIH-OHCA LICENSING

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>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.</p> <p><u>FINDINGS</u> Primary care giver and substitute care givers #1, 2, 3 all repeated the same subject during the year. Credit can only be given once for each subject during the year, therefore each care giver listed is short one (1) hour of continuing education for the 2016 inspection year. This one hour has to be made up and will not count toward the 2017 inspection year.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG completed 1 hour of continuing education</p> <p>SCG #1 completed 1 hour of continuing education</p> <p>SCG # 2 completed 1 hour of continuing education</p> <p>SCG # 3 completed 1 hour of continuing education</p>	<p>2/19/17</p> <p>2/19/17</p> <p>2/19/17</p> <p>2/19/17</p> <p style="text-align: right;">77 60-3 02:15 DUH-CHCA LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-83 (5)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">In the future, I have trained my SCG # 1 to check every quarter (3 months) to verify that each caregiver has complete training and has had no repeat subjects. The SCG will continue quarterly check until each caregiver has complete 12 hours for the year.</p>	<p style="text-align: center;">3/28/17</p> <p style="text-align: right; font-size: small;">97 84-3 42:15 DUI-ORCA LICENSING</p>

Licensee's/Administrator's Signature: Sharilyn Paguirigan

Print Name: MARIETA PAGUIRIGAN

Date: 3/28/17

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