

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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Facility's Name: Minda Rocha Care Home	CHAPTER 100.1
Address: 98-562 Kaimu Loop, Aiea, Hawaii 96701	Inspection Date: April 11, 2016 Annual

	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><b>FINDINGS</b> Primary care giver and Substitute Care Givers #1, #2 and #3 all short one (1) hour of continuing education. All have completed eleven (11) hours and repeated one (1) hour for "Understanding blood pressure and stroke." Submit copies of one (1) hour of continuing education for each care giver listed with your plan of correction.</p>	<p>1. Education Training completed on 4/24/2016</p> <p>2. In the future, I will make a checklist of 12 subjects to be completed for a year. Education Training will be done every 3 months with 4 subjects and will be written in the calendar training. I will ask my substitute caregivers to double check each subject and date upon completion.</p>	4/24/2016

Licensee's/Administrator's Signature: Minda Y. Rocha

Print Name: MINDA Y. ROCHA

Date: 4/26/2016