

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cabico, Aurora (ARCH)	CHAPTER 100.1
Address: 1721 Merkle Street, Honolulu, Hawaii 96819	Inspection Date: May 2, 2016 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>FINDINGS Household Member #1 No documentation of current annual physical examination. Submit copy with plan of correction.</p>	<p>Copy of annual physical enclosed, in the future I will mark my calendar 2 month prior to annual check up as a reminder to make appointment in advance for annual physical</p>	5/6/16
<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 evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS Household Member #1 No documentation of current annual tuberculosis clearance. Submit copy with plan of correction.</p>	<p>Copy of TB test enclosed, in the future I will make^{can} mark my calendar 2 months prior to annual TB test as a reminder to schedule TB test in advance.</p>	5/6/16

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
EMPLOYMENT DEVELOPMENT DEPARTMENT
DIVISION OF LABOR RELATIONS

Licensee's/Administrator's Signature: Aurora C. Cabico

Print Name: AURORA C. CABICO

Date: 5/29/16