

Office of Health Care Assurance

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State Licensing Section

'16 NOV 29 P3:21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Calucag ARCH-I	CHAPTER 100.1
Address: 99-042 Ieie Place, Aiea, Hawaii 96701	Inspection Date: July 20, 2016 Annual

IMMEDIATE ADVISORY

POSTING OF DEFICIENCIES AND PLANS OF CORRECTIONS

If you fail to submit a plan of correction (POC) within ten (10) working days of receipt of your Statement of Deficiencies (SOD):
Your SOD will be posted on the Department of Health (DOH) website with the following statement:

“POC NOT RECEIVED AS OF <DATE>”

If you initially submit an unacceptable POC (UPOC), you have ten (10) working days to submit an acceptable POC. If the revised POC is still unacceptable, your SOD will be posted on the DOH website with the following statement:

“POC NOT ACCEPTABLE”

If you initially submit an unacceptable POC (UPOC), but you fail to submit a revised POC, your SOD will be posted on the DOH website with the following statement:

“POC NOT ACCEPTABLE”

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (4) In addition to the requirements in subchapter 2 and 3:</p> <p>A substitute care giver who is trained by the primary care giver with the assistance of the registered nurse or case manager and meets the requirements as set forth in section 11-100.1-9, shall take charge of an expanded ARCH during an expanded ARCH primary care giver's absence or inability to perform regular duties;</p> <p>FINDINGS Substitute care giver #1 hired 5/5/16 no record of orientation training and no continuing education hours completed from time of hire. Submit record of completed orientation with your plan of correction.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u> — <i>yes</i></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I corrected the deficiency by looking all over the place where it was misplaced SC6#1 training.</i></p> <p><i>* Attached is the Subs. Caregiver training *</i></p>	<p><i>7/25/16</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>RULE # §11-100.1-83(4)</p> <p><u>FINDINGS</u> Substitute care giver #1 hired 5/5/16 no record of orientation training and no continuing education hours completed from time of hire. Submit record of completed orientation with your plan of correction.</p>	<p align="center"><u>FUTURE PLAN</u></p> <p align="center">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 make a check list to remind me of what paperwork is required for all new hires. I would document all training yearly.</p>	<p align="center">11/29/16</p>

Licensee's/Administrator's Signature: Josephine D. Calucag CHD
Print Name: JOSEPHINE D. CALUCAG
Date: 9/13/16

Licensee's/Administrator's Signature: Josephine Calucag
Print Name: JOSEPHINE CALUCAG
Date: 10/16/16

Licensee's/Administrator's Signature: Josephine Calucag CHD
Print Name: JOSEPHINE CALUCAG
Date: 10/18/16

Licensee's/Administrator's Signature: Josephine D. Calucag CHD
Print Name: JOSEPHINE CALUCAG
Date: 11/29/16