

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aliga, Nelly (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 174 Lukia Street, Hilo, Hawaii 96720	Inspection Date: January 11, 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> (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><b>FINDINGS</b> PCG, no current tuberculosis (TB) attestation. (Last done 06-05-14)</p>	<p>I made an appt. Jan. 8, 2016 It's already done. In the future I will mark my calendar 2 months prior on the exp. date &amp; call my Dr. for appointment</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p>	<p>I make an appt. her appt. is Feb. 8, 2016 to get the Dr. sign the level of care assessment. In the future I will check my check list for readmission &amp; admission + give the paper to the hosp.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b>FINDINGS</b> Resident #1, re-admitted on October 27, 2015, no level of care assessment upon re-admission.</p>	<p>before readmission</p>	
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-23 <u>Physical environment</u>. (g)(3)(I) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p><b>FINDINGS</b> Resident #1, re-admitted on October 27, 2015, no self-preservation assessment upon re-admission.</p>	<p>In the next appt. which is on Feb. 8 I will bring self preservation paper the P.E. to obtain the self preservation to be signed by her physician. In the future prior to readmission I will give the P.E. paper to be filled out the self preservation prior to admission</p>	

Licensee/Administrator's Signature: Nelly Aliga

Print Name: Nelly Aliga

Date: 1-26-16