

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: R & B ARCH/E-ARCH LLC	CHAPTER 100.1
Address: 94-912 Kumuao Street, Waipahu, Hawaii 96797	Inspection Date: March 30, 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.

	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><u>FINDINGS</u> SCG #1 – no annual tuberculosis clearance. TB attestation form provided. However; no documentation of positive tuberculin skin test in the past.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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><i>YES - Skin test done @ the Hawaii Department of Health - Tuberculosis Control Branch</i></p>	<p style="text-align: center;"><i>8/23/17</i></p>

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☒	<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><u>FINDINGS</u> SCG #1 – no annual tuberculosis clearance. TB attestation form provided. However; no documentation of positive tuberculin skin test in the past.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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><i>7 In the future I have to make it sure that all Personnel, staff & family members in my ARCH should have the appropriate TB clearances as required by the Dept. of Health.</i></p> <p><i>7 I will make a check list who among my staff & family members requires a skin test or TB attestation annually to prevent any confusion so this will not happen again.</i></p> <p><i>7 I will educate my staff & family members to be responsible in obtaining their TB clearances annually.</i></p>	<p>8/23/17</p> <p style="text-align: right;">77</p>

Licensee's/Administrator's Signature: Remedios A. Aguinaldo

Print Name: REMEDIOS A. AGUINALDO

Date: 8/23/17

AGUINALDO

8/23/17