

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Simpliciano's ARCH	CHAPTER 100.1
Address: 94-106 Kaupu Place, Waipahu, Hawaii 96797	Inspection Date: March 3, 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.

17 MAR 13 2017

	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> Substitute care giver #1 no current tuberculosis clearance on file.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Substitute caregiver #1 got her Tuberculosis clearance on July 24, 2017. Read Negative on July 24, 2017.</i></p>	<p>8-15-17</p> <p style="text-align: right;">17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (b)	<p style="text-align: center;"> PART 2 <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>In the future I will list all TB test two months before due so i can remind everybody to get the test on time</i> </p>	<p style="text-align: center;">8/15/17</p> <p style="text-align: right; vertical-align: bottom;"> 17 40 17 </p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><u>FINDINGS</u> Resident #1 emergency data sheet incorrect, medication discontinued in February 2017 still listed on sheet.</p>	<p style="text-align: center;">PART 1 <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>Resident #1 updated emergency data sheet on today march 3, 2017.</i></p>	<p style="text-align: center;">8/15/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (b)	<p style="text-align: center;">PART 2 <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>In the future I will train my SCG to double check the Emergency Data Sheet for each resident after doctor's visit to make sure corrections have been made.</i></p>	<p style="text-align: center;">8-15-17</p>
			<p style="text-align: right;">17</p>

Licensee's/Administrator's Signature: Ofelia C. Simpliciano

Print Name: OFELIA C. SIMPLICIANO

Date: 8/15/17

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