

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Aurora Patao ARCH	<b>CHAPTER 100.1</b>
<b>Address:</b> 15-1395 29 <sup>th</sup> Avenue, Keaau, Hawaii 96749	<b>Inspection Date: September 27, 2017 Annual</b>

**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
☒	<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><u>FINDINGS</u></b>  Substitute care giver (SCG) #1, with a history of a past positive tuberculosis (TB) skin test, TB attestation form completed on July 19, 2017. However, TB attestation form signed by a registered nurse (RN), not an advanced practice nurse (APRN) or a medical doctor (MD).</p>	<p><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>SCG #1 called her physician - brought TB attestation form and primary physician signed it.</i></p>	<p><i>10-19-17</i></p>

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<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><u>FINDINGS</u></b>  Substitute care giver (SCG) #1, with a history of a past positive tuberculosis (TB) skin test, TB attestation form completed on July 19, 2017. However, TB attestation form signed by a registered nurse (RN), not an advanced practice nurse (APRN) or a medical doctor (MD).</p>	<p style="text-align: center;"><b>PART 2</b>  <u><b>FUTURE PLAN</b></u></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR  FUTURE PLAN: WHAT WILL YOU DO TO  ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>In the future I will check and make sure TB attestation form is signed by a doctor.</i></p>	<p style="text-align: center;">10-19-17</p>

Licensee's/Administrator's Signature: Aurora Patao

Print Name: Aurora Patao

Date: 10-20-17