

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Vallente Care Home	CHAPTER 100.1
Address: 94-1341 Waipahu Street, Waipahu, Hawaii 96797	Inspection Date: July 25, 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> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG #1 missing date on physical exam form.</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>- House hold member H1 have been examined by Physician on June 14, 2017 ^{day} thru of Evaluation found Physical Examination form no written date Physician write the date the next day ^{Evaluation} in one month before that double check all the requirement and make sure all complete before the day of Evaluation, I sending the medical report ^{each} date of Examination.</i></p>	<p style="text-align: right;"><i>10/31/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> SCG #1 missing date on physical exam form.</p>	<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 advise house hold member #1 to check her medical report after her Physical Examination and make sure Physician complete and documented all evidence before the date of evaluation I will double check all requirement and make sure the form all complete. and does n't happen again.</i></p>	<p style="text-align: center;">10/31/17</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) 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> Family Member #1 no evidence of annual tuberculosis clearance.</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>- Family member #1 no evidence of annual tuberculosis clearance found the day of Evaluation family member had been Examined by Physician on June 19 2017 Physician did not give the complete form. In the future I will double check all documented requirement before the Evaluation day and make sure all complete and will not happen again.</i></p>	<p style="text-align: right;"><i>10/31/17</i></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) 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>FINDINGS Family Member #1 no evidence of annual tuberculosis clearance.</p>	<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 advise family member #1 to remain the Physician to documented the evidence of annual tuberculosis clearance that day of his Physical Exam mention in the future before the day of my evaluation I will double check all the requirement and make sure all complete before the day of evaluation and I make sure that it doesn't happen again.</i></p>	<p style="text-align: right;"><i>10/31/2017</i></p>

Licensee's/Administrator's Signature: Lolita R. Vallente

Print Name: LOLITA R. VALLENTE

Date: 10-31-2017