

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: A.C.T.G. ARCH #3	CHAPTER 100.1
Address: 1453 Uila Street, Honolulu, Hawaii 96818	Inspection Date: December 14, 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.

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 DIVISION OF LICENSING
 18 JAN -5 P 1:00
 03/11/2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u></p> <p>Resident #1 no current TB test or attestation in resident file. No physician or APRN order for waiver to TB test.</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 style="text-align: center;"><i>Resident #1 is a Hospice patient, therefore I called Island Hospice and informed them that I needed a TB Skin Test done.</i></p> <p style="text-align: center;"><i>TB Skin test administered on 12/22</i></p> <p style="text-align: center;"><i>TB Skin test result Read on 12/25.</i></p> <p style="text-align: center;"><i>Please see attached paper.</i></p>	<p style="text-align: center;"><i>12/25/17</i></p> <p style="text-align: center;">18 JAN -5 P 1:00</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u></p> <p>Substitute care giver #1 completed 12 hours of CEU's, however repeated the same subject twice during the inspection year. Credit can only be given once during the inspection year for each subject, therefore this employee was two (2) hours short of the required CEU's required.</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>I called over RN Case Manager that I needed two (2) hours of different types of inservice for SCG #1.</i></p> <p><i>RN Case Manager came on 12/25/17 to test SCG #1 for two (2) different types of continuing education courses.</i></p> <p><i>Certificate of Completion attached.</i></p>	<p><i>12/25/17</i></p> <p style="text-align: right;">18 JAN -5 P 1:00</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DH-OPRA DIVISION</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: *C. Nunez*
 Print Name: CANDIDA NUNEZ
 Date: 1-5-18

RECEIVED
 '18 JAN -5 P 1:00
 STATE OF HAWAII
 DPH-DHCA LICENSING