

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: E. Mabini ARCH</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-1083 Kuhaulua Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: February 7, 2018 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
<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> Annual tuberculosis attestation clearance not available for:</p> <ol style="list-style-type: none"> <li>1. Primary care giver,</li> <li>2. Substitute care giver #1, and</li> <li>3. Substitute care giver #3.</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Unsecured chemicals in resident accessible areas:</p> <ol style="list-style-type: none"> <li>1. Resident Bathroom, "Clorox Spray" and "Febreze Spray" in an unsecured cabinet under the sink.</li> <li>2. Kitchen, "Clorox bottle" in an unsecured cabinet under the sink.</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Clorox cleaning agents and Febreze spray removed from the residents' bathroom and kitchen sink.</i></p>	<p style="text-align: right;"><i>2/07/2018</i></p>

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Licensee's/Administrator's Signature: Mulin

Print Name: Eden Mabin

Date: 2/08/2018