

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Emma Rose	CHAPTER 100.1
Address: 47-442 Aialii Place, Kaneohe, Hawaii 96744	Inspection Date: December 20, 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
DH-ORCA LITENR
18 JAN -5 P2:38

	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> Family Member #1 – No annual physical examination.</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>As of now, Phildipe is on the mainland for vacation and will not return until the end of January. When he did come back, I will ensure that he will get his annual P.E. immediately.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII HIGH-RISK LICENSING</p>	<p style="text-align: right;"><i>12 Feb. 2018</i></p> <p style="text-align: right; font-size: small;">18 JAN -5 P 2:38</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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. <u>FINDINGS</u> Family Member #1 – No annual physical examination.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>I have a calendar for the 12 Feb. 2018 year 2018. I will review my calendar^{err} family members clearances every six months to ensure that their clearances are not expired. In addition, I will mark my calendar one month before the annual P.E. expires, to allow enough time to get a new P.E. before it expires.</i></p>	<p style="text-align: right;">18 JAN -5 P 2:38</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DHHS DHHS LICENSING</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 annual tuberculosis clearance.</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>As of now, Phillippe is on the 12 Feb. 2018 main level for his vacation and will not return until the end of January 2018. When he did come back I will ensure that he will get his annual tuberculosis clearance</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DH-DBCA LICENSING</p>	<p style="text-align: right; font-size: small;">18 JAN -5 P2:38</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 annual tuberculosis clearance.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>I have a calendar for the year 2018, I will review my family members clearances every six months to ensure that their clearances are not expired.</i></p> <p><i>In addition, I will mark my calendar one month before the annual tuberculosis expires to allow enough time to get a new tuberculosis before it expires.</i></p>	<p style="text-align: right;"><i>12 Feb. 2018</i></p> <p style="text-align: center;">STATE OF HAWAII DHP-CHCA LICENSING</p> <p style="text-align: right;">*18 JAN -5 P 2:38</p>

Licensee's/Administrator's Signature: AS Angeles

Print Name: Adelaida S Angeles

Date: Jan. 2, 2018

STATE OF HAWAII
DHH-OHCA LICENSING
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