

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Josie's Ohana	CHAPTER 100.1
Address: 1388 Haloa Drive, Honolulu, Hawaii 96818	Inspection Date: April 3, 2018 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING SECTION

'18 APR -6 P4:17

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	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></p> <p>Care giver #3 no proof of positive TB test or results for TB skin test. Attestation completed.</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>4/5/18 Caregiver #3 submitted her TB skin Test copy is on caregiver folder on file.</i></p>	<p style="text-align: right;"><i>Jay</i></p> <p style="text-align: right;"><i>04/06/18</i></p>

STATE OF MARYLAND
DEPARTMENT OF HEALTH
SERVICES ADMINISTRATION

18 APR -6 P4:18

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSES

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STATE OF HAWAII
DORIS
STATE LICENSING

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3: 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. <u>FINDINGS</u> PCG and Care givers #1, 2, 3, 4, 5, 6 all short one (1) hour of continuing education. The one (1) hour must be made up by all those listed above.	<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>04/05/18 N. Seminar done for 2 hrs for PCG & Care givers for Alzheimer's disease + skin care for clients (Total of hrs)</i></p>	<p style="text-align: center;"><i>04/06/18</i></p> <p style="text-align: center;">18 APR -6 P 4:18</p> <p style="text-align: center;">STATE OF HAWAII DON-ORCA STATE LICENSING</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: _____
Print Name: Josefina V. Rodriguez
Date: 04/06/18

STATE OF HAWAII
DOI-CHCA
STATE LICENSING

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