Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Santos, Norma (ARCH)	CHAPTER 100.1
Address: 4240 Keaka Drive, Honolulu, Hawaii 96818	Inspection Date: October 19, 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.

ï	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-9 Personnel, staffing and family requirements. (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. FINDINGS SCG #1 — No documented evidence of an initial tuberculosis clearance.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes, a tuberculosis clearance for SCG #1 was completed on 5/12/2017. A second tuberculosis clearance will be obtained 2 months prior the annual due date (May 2018).	5/12/17

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-9 Personnel, staffing and family requirements. (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. FINDINGS SCG #1 — No documented evidence of an initial tuberculosis clearance.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? To prevent this deficiency from recurring a check list will be made to ensure compliance with this requirement will be maintained. A reminder to the SCG#1 will be	. ~
	given 2 months prior to the annual due date (May 2018). Documentation will be updated and kept in ARCH folder for future reference.	

Licensee's/Administrator's Signature:	
Print Name: Novma Santo>	
Date: 1/18/18	