

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: RC Golfview ARCH	CHAPTER 100.1
Address: 1316 Ala Puaala Way, Honolulu, Hawaii 96818	Inspection Date: November 2, 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 LICENSES

18 FEB 22 P 2:03

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS Employee #1 no current cardiopulmonary resuscitation (CPR) on file.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>The CPR was completed, but did not have the card or copy on file. A copy was requested immediately from CPR provider for a copy of CPR completed.</i></p>	<p style="text-align: center;"><i>11/4/17</i></p> <p style="text-align: right; font-size: small;"> RECEIVED '18 FEB 22 P2:04 STATE OF HAWAII H. HONOLULU </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>FINDINGS Employee #1 no current cardiopulmonary resuscitation (CPR) on file.</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 must make sure that any document completed must remain + be on file at all times for evidence. Anything not on file is considered not done. I must check periodically or quarterly my records to make sure all documents are up to date. A good reminder is also using calendar to note beforehand that when documents will expire.</i></p>	<p style="text-align: center;">11/4/17</p>

STATE OF HAWAII
MCH-ORCA LICENSING

18 FEB 22 P 2:04

Licensee's/Administrator's Signature: Romulo Cardenas

Print Name: Romulo Cardenas

Date: 1/8/18

Misplaced:
resubmit 2/20/18

I apologize. I thought it
was marked previously.
Romulo Cardenas

STATE OF HAWAII
DHF-ORCA LICENSING

18 FEB 22 P 2:04