

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|  |                                     |
|--|-------------------------------------|
| Facility's Name: Tablit, Elpidio (ARCH)            | CHAPTER 100.1                       |
| Address: 94-544 Hiahia Loop, Waipahu, Hawaii 96797 | Inspection: February 9, 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.**

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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><br/>(b)<br/>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></p> <p>PCG and SCG#1 no proof of positive TB test. Attestations completed but both said they never tested positive. TB skin test required or proof of a past positive results.</p> | <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>PCG and SCG #1 went back to the doctor to obtain their Tuberculin test clearance.</i></p> <p style="text-align: center;"><i>(Enclosed)</i></p> | <p style="text-align: center;"><i>2/10/18</i></p> |

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| <input checked="" type="checkbox"/> | <p>§11-100.1-9 Personnel, staffing and family requirements. (b)<br/>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></p> <p>PCG and SCG#1 no proof of positive TB test. Attestations completed but both said they never tested positive. TB skin test required or proof of a past positive results.</p> | <p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>In the future, PCG will make sure every staff and family members will have proof of TB test by obtaining a clearance from the doctor when they go back for the results of their TB test</i></p> | <p style="text-align: center;"><i>2/10/16</i></p> <p style="text-align: right; color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p> |

Licensee's/Administrator's Signature: Elpidio A. Tablit Sr.

Print Name: ELPIDIO TABLIT Sr.

Date: 2-14-18

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