

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Calucag ARCH-I	CHAPTER 100.1
Address: 99-042 Ieie Place, Aiea, Hawaii 96701	Inspection Date: July 7, 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.**

	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><b><u>FINDINGS</u></b>  SCG #1 – No current physical examination.</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>SCG # went to the doctor (Kaiser Clinic) A medical Report for Adult Residential care Home Primary and Substitute caregiver was completed.</p>	<p style="text-align: center;"><b>yes</b></p> <p style="text-align: center;">08/01/2017</p>

	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>  SCG #1 – No current physical examination.</p>	<p style="text-align: center;"><b>PART 2</b>  <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><i>Future plan: Every Year set aside 1 calendar to write down when the SCG Annual P.E. is due, so you can alert her ahead of time. (so you don't miss)</i></p>	<p style="text-align: right;"><i>12/2017</i></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><b>FINDINGS</b> SCG #1 – No current annual tuberculosis clearance.</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> <i>yes!</i></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>SCG #1 went to the doctor's office (Kaiser clinic) &amp; A TB Risk assessment and Attestation screening form is completed. (no evidence of Pulmonary TB or contagious)</i></p>	<p><i>8/1/2017</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No current inventory of valuables.</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> <i>yes!</i></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>2017 inventory of valuables completed for Resident #1</i></p>	<p style="text-align: right;"><i>07/07/2017</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(8)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A current inventory of money and valuables.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – No current inventory of valuables.</p>	<p style="text-align: center;"><b>PART 2</b>  <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>I will make a note for myself every December 31 on the calendar to do all the residents inventory of valuables.</i></p>	<p style="text-align: center;"><i>7/7/17</i></p>

Licensee's/Administrator's Signature: Josephine D. Calucag cto  
Print Name: JOSEPHINE D. CALUCAG  
Date: 12/7/17



Licensee's/Administrator's Signature: Josephine D. Calucag CMO  
Print Name: JOSEPHINE D. CALUCAG  
Date: 3/9/18