Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gloria V. Atmospera, ARCH	CHAPTER 100.1
Address: 3544 Pahoa Avenue, Honolulu, Hawaii 96816	Inspection Date: June 9, 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.

Gloria V. Atmospera
ARCH & EC ARCH

	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 and SCG#2 – No documented evidence of an initial tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG#1 - I cannot fix the deficiency since she is no longer works in the care home. SCG #2 - Obtained a copy of her Positive Tuberculin Skin Test record that was administered on 10/13/04. (see attached) - Obtained a copy of her last chest Xray (negative) that was done on 9-6-16 (see attached) - Annual Tuberculosis (TB) Risk Assessment and Attestation screening was obtained from her physician on 8/29/17 (see attached)	YES 7-10-17 7-10-17 8-29-17

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	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 and SCG#2 – 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 ensure that it will not happen again, I will make a checklist of requirements for personnel, staffing and family who either reside or provide care or services to residents in the Type I ARCH of documented evidence of an initial and annual tuberculosis clearance. I will review the checklist & required documentation of each personnel, staffing and family records on a monthly basis and should be renewed accordingly by their expiration date. There should be a documented evidence of an initial tuberculosis clearance for each personnel, staffing & family.	7-1-17 (see attached)

Gloria V. Atmospera
ARCH & EC ARCH

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG #2 – No current first aid certification.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #2 - Obtained CPR, AED and first aid certification on 7-5-2017 (see attached)	YES 7-5-17 (see attached)

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	Rules (Criteria)	Plan of Correction	Completion Date
☒	§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **<u>FINDINGS</u>** SCG #2 – No current first aid certification.	**PART 2** **<u>FUTURE PLAN</u>** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To ensure that it will not happen again, I will make a checklist of requirements for personnel, staffing and family who provide coverage for a period less than four hours shall be currently certified in first aid and CPR. I will review the checklist and required documentation of each personnel, staffing and family records on a monthly basis and CPR and First Aid Certification will be renewed accordingly by their expiration date.	7-1-17 (see attached)

Licensee's/Administrator's Signature: Gloria V. Atmospera

Print Name: GLORIA V. ATMOSPERA

Date: 11-30-17

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Initial: ______

Licensee's/Administrator's Signature: Gloria V. Atmospera

Print Name: GLORIA V. ATMOSPERA

Date: 3/12/18