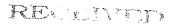
## **State Licensing Section**

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: MSI ARCH/Expanded ARCH	CHAPTER 100.1	
Address: 99-603 Alia Place, Aiea, Hawaii 96701	Inspection Date: May 26, 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
§11-100.1-17 Records and reports. (b)(1) During residence, records shall include:  Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual reevaluation for tuberculosis;  FINDINGS  Resident #1 — No annual reevaluation for tuberculosis.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Resident # 1  On 6/1/17 obspired PPP  Skin fest. In 7/3/17 obspired  PE from primary doeses.	6/1/17 and 7/3/17
	2	

Rules (Criteria)	Plan of Correction	Completion Date
§11-100.1-17 Records and reports. (b)(1) During residence, records shall include:	PART 2	
Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress	<u>FUTURE PLAN</u>	
notes, relevant laboratory reports, and a report of annual re- evaluation for tuberculosis;	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO	2/9/18
FINDINGS  Resident #1 No approal recovely action for talk aroules is	ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
Resident #1 – No annual reevaluation for tuberculosis.	I have to do the following to ensure that such deficiency will not happin	
	1. Prepare out documents at hast	
	2. Reiffel lock of our of day	
	Stooly and wing the Ped. HAR 100.1 an key walward von guide line; 3. Obst a second person to walward The documents asing the some chick bet!  That are how;	
	3. Clase a second person to walnut The	
	4. Do a sin all ser sens of all documents	
	4. De a fin all new sens at all documents the week before the audit.	
	15. por all residents, caregivers and household members regide goents  I will do the Rome check list as	
,	moted in attackment A to been	
	trade and reminders prior to dul date of their requirements.	
	I believe that the efficiency, such defences would not happen again.	

Rules (Criteria)	Plan of Correction	Completion Date
S11-100.1-17 Records and reports. (b)(3) During residence, records shall include:  Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;  FINDINGS  Multiple monthly progress notes do not include observations of Resident #1's response to medications or diet.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Progress notes of resident \$1  Were completed from may 2016  to may 2017.	5/28/17 to
		77 ET 10 1504

Rules (Criteria)	Plan of Correction	Completion Date
§11-100.1-17 Records and reports. (b)(3) During residence, records shall include:  Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;  FINDINGS  Multiple monthly progress notes do not include observations of Resident #1's response to medications or diet.	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  In the future of prevent there de ficiences from occurry, from NOW ON PCG will use from OHCA ARCHIN VIC 5/07.  See attach ment B	10/10/17

Licensee's/Administrator's Signature:		Affe	PCG
Print Name:	MARCELO	IBERA	
Date: _	10/10/17		

17 EJ 10 E3 64

Licensee's/Administrator's Signature:		The same of the sa
Print Name: _	MARCELO	IPERA
Date: _	2/9/18	

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