

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bolosan, Carmelita (ARCH)	CHAPTER 100.1
Address: 94-087 Waikele Loop, Waipahu, Hawaii 96797	Inspection Date: September 6, 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> (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, #2 and FM #1, #2, and #3 – No documented evidence of an initial 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></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>SCG #1, TB clearance was done 9/20/17 and read on 9/22/17. It was filed on ARCH operator's binder. 1/15/18</p> <p>SCG #2 TB clearance was done on 11/13/17 and read on 11/15/17. It was filed on ARCH operator's binder. 1/15/18</p> <p>FM #1 TB clearance was done on 9/9/17 and read 9/11/17. It was filed on ARCH operator's binder. 1/15/18</p> <p>FM #2 TB clearance was done 11/13/17 and read on 11/15/17. It was filed on ARCH operator's binder. 1/15/18</p> <p>FM #3 TB clearance was done 11/18/17 and read on 11/20/17. It was filed on ARCH operator's binder. 1/15/18</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, #2 and FM #1, #2, and #3 – No documented evidence of an initial tuberculosis clearance.</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><i>I made a record for all <sup>nnel</sup> <del>personnel</del> staffing and family requirements and filed it in a binder in order not to forget the expiration dates.</i></p> <p><i>I also marked a calendar with their TB Clearance due dates.</i></p> <p><i>And post. on my clients living room wall in order not to forget the expiration date.</i></p> <p><i>The Healthcare Personnel, Staffing and Family immunization Record which is utilized for each SCG and Family was revised.</i></p>	<p style="text-align: right;">3-20-18</p>

Licensee's/Administrator's Signature: Carmelita S. Bolosan

Print Name: CARMELITA S. BOLOSAN

Date: 1-15-18

Licensee's/Administrator's Signature: Carmelita S. Bolosan

Print Name: CARMELITA S. BOLOSAN

Date: 3-21-2018