

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bolosan, Domie	CHAPTER 100.1
Address: 94-039 Waikele Loop, Waipahu, Hawaii 96797	Inspection Date: June 1, 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><u>FINDINGS</u> FM #1 – No documented evidence of an initial tuberculosis clearance.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Document with evidence of initial tuberculosis clearance for FM #1 obtained on July 10, 2017 and placed in records. (See enclosed copies of tuberculosis clearance documents.)*</p> <p style="text-align: right;">*Previously sent 11/29/17.</p>	<p style="text-align: center;">July 10, 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> (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><u>FINDINGS</u> FM #1 – No documented evidence of an initial tuberculosis clearance.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiencies from recurring, I will ensure that my records include documented evidence of initial and annual tuberculosis clearance for all individuals who either reside or provide care or services to residents. I will review such requirements on a monthly basis and set reminders in my calendar to ensure clearances are up to date and available for department review.</p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p>FINDINGS PCG is not sanitizing dishes after each use. PCG stated she sanitizes dishes once a week.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Dishes and utensils are now being sanitized after each use. I have also instructed my substitutes to sanitize dishes and utensils after each use. And I have posted a sign: "REMINDER: Please sanitize dishes and utensils after each use", along side the DOTT sanitation Branch instructions for Hand Dishwashing.</p>	<p style="text-align: center;">Janet, 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p>FINDINGS PCG is not sanitizing dishes after each use. PCG stated she sanitizes dishes once a week.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent similar deficiencies from recurring, I now habitually sanitize dishes and utensils after each use and have also instructed my substitutes to do the same. As a reminder, I have posted a sign: "REMINDER: Please sanitize dishes and utensils after each use," along side the DPH sanitation Branch instructions for Hand Dishwashing.</p> <p>If I have questions regarding any applicable state laws and rules relating to sanitation, health, infection control and environmental safety, I will inquire immediately to ensure compliance.</p>	

Licensee's/Administrator's Signature: Donnie B. Bolosan

Print Name: Donnie B. Bolosan

Date: 3/12/18 (11-29-17)