

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tacotaco ARCH	CHAPTER 100.1
Address: 1017 Ala Lehua Street, Honolulu, Hawaii 96818	Inspection Date: April 10, 2018

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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DOH-OHCA
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) 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 report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident #1 - No physical examination at the time of admission on 6/1/17. The physical examination form noted "see notes;" however, there were no notes attached.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">18 APR 18 PM 2:29</p>

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		<p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF HEALTH SERVICES STATE LICENSING</p>	<p style="text-align: right;">'18 MAY -7 P3:20</p>

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Licensee's/Administrator's Signature: Cristeta Ife

Print Name: Cristeta Tacotaco

Date: April 16, 2018

Licensee's/Administrator's Signature: Cristeta Ife

Print Name: Cristeta Tacotaco

Date: May 3, 2018

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