

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hilario ARCH	CHAPTER 100.1
Address: 91-1137 Ahona Street, Ewa Beach, Hawaii 96706	Inspection Date: March 28, 2018 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> PCG – No documented evidence of a chest x-ray for care giver with a history of a positive PPD.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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 style="text-align: center;">YES, MY PCP ORDERED CHEST X-RAY. CHEST X-RAY COMPLETED AT QUEEN'S MEDICAL CENTER WEST ON 4/3/18. RESULTS READ NORMAL</p>	<p style="text-align: center;">4/3/18</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Docusate Sodium and Bisacodyl ordered on 10/23/2017, as well as Senna Leaf Extract ordered on 12/14/2017 not available.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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 style="text-align: center;">BPIHOL HOSPICE RN CALLED 3/29/18 AND DC'D DOCUSATE SODIUM, BISACODYL AND SENNA LEAF EXTRACT</p>	<p style="text-align: center;">3/29/18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – No annual reevaluation for tuberculosis within the past year.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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 style="text-align: center;">BRISTOL HOSPICE RN CAME 3/29/18. REEVALUATED RESIDENT FOR EVIDENCE OF PULMONARY TB. RN COMPLETED THE TB RISK ASSESSMENT AND ATTTESTATION SCREENING FORM. NO EVIDENCE OF PULMONARY TB.</p>	<p style="text-align: center;">3/29/18</p>

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Licensee's/Administrator's Signature: Alvin A. Wilson

Print Name: CELESTINE A. HICKMAN

Date: ~~7/23~~ 7/23/18