

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Valley View Pearl City, LLC	CHAPTER 100.1
Address: 944 Maiha Circle, Pearl City, Hawaii 96782	Inspection Date: June 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.**

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

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

JUN 27 P 3:10

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u>            (a)            All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b>FINDINGS</b>            Substitute care giver #6 Physical examination documentation expired.</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><i>All staff had annual physicals completed. I do not have a copy of preliminary findings so I don't know who SCG #6 is but all staff on board now have current physical exam. I discard all past tracking documents to keep current.</i></p> <p style="text-align: right;"><i>exhibit # 2</i></p>	<p style="text-align: center;"><i>6/30/17</i></p> <p style="text-align: center;">18 JUN 27 P3:10</p> <p style="text-align: center;">STATE OF HAWAII            DOH-DHCA            STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><b>FINDINGS</b> Path to area of refuge from Fire exit #2 identified by Primary Care Giver and Substitute Care Giver #1 obstructed by locked gate that requires key to open on either side of the locking mechanism. Key to open was not carried by either caregiver.</p> <p>Path to area of refuge was also obstructed by trash and recycling receptacles.</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 style="text-align: center;"><i>Gate was removed + the 8' x 40' space was replaced with cement pad. Trash/recycle bins are on the side so 5' path is open.</i></p>	<p style="text-align: center;"><i>7/31/17</i></p> <p style="text-align: center;">18 JUN 27 P 3:10</p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">RECEIVED</p>

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Licensee's/Administrator's Signature: Paul L Fardal RN

Print Name: Carol Fardal

Date: 6/25/18

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