

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Garcia, Juanita (ARCH)	CHAPTER 100.1
Address: 1921 Ula Street, Honolulu, Hawaii 96819	Inspection Date: September 28, 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.

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DEC 19 2017

Initial: _____

	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> SCG #1 no evidence of annual tuberculosis clearance.</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;"><i>ON Sept 29, 2017 I went to Lanakila TB Clinic and got a copy of Pacita Ramilo's TB chest x ray Results. See attached.</i></p>	<p style="text-align: center;"><i>12-19-17</i></p> <p style="text-align: right;">RECEIVED</p>

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<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> SCG #1 no evidence of annual tuberculosis clearance.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 style="text-align: center;"> <i>TB screening done 9/29/2017 copy of ^{is} enclosed. upon obtaining annual P.E. I will attach TB screening form so that it is done at the same time.</i> </p>	<p style="text-align: center;">12-19-17</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p>FINDINGS Resident #1 physician prescribed medication Letrozole 2.5mg medication order not renewed since February 28, 2017.</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;">ON Sept. 29, 2017 I went TO Dr David Tamura office and got an updated order Femara 2.5 mg. tab. Bimonic For letrozole 2.5 mg. tab. by mouth every day.</p>	<p style="text-align: right;">19 12-29-17</p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</p>

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Licensee's/Administrator's Signature: Juanita Garcia ARCH

Print Name: JUANITA GARCIA

Date: 12-19-2017

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