

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Helen Y. Agbayani (ARCH/EARCH)	CHAPTER 100.1
Address: 1328 Kamehameha IV Road, Honolulu, Hawaii 96819	Inspection Date: April 30, 2021 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
DH-CHCA
STATE LICENSING

21 MAY 11 P 1:02

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p><u>FINDINGS</u> Resident #1 – No documentation for a 2-step tuberculosis done on admission. Please submit with your Plan of Correction.</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><i>7 PCG and the resident had gone to Lanakila Health Center to obtain a copy of her step-2 TB clearance (see attached). And it is available on her carehome records for review.</i></p>	<p style="text-align: right;"><i>5/5/2021</i></p> <p style="text-align: right;"> STATE OF HAWAII DCH-CHCA STATE LICENSING </p> <p style="text-align: right;"> 21 MAY 11 P 1:02 </p>

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Licensee's/Administrator's Signature: Helen Y. Agbayani, PCG, LPAS

Print Name: Helen Y. Agbayani

Date: 5/7/2021

STATE OF HAWAII
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21 MAY 11 P 1:02