

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cacal, Evelyn (ARCH)	CHAPTER 100.1
Address: 94-1161 Hinaea Street, Waipahu, Hawaii 96797	Inspection Date: June 7, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DEPT. OF HCSA
STATE LICENSING

21 OCT 13 P 3:27

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (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. FINDINGS Substitute Care Giver #1 – No documented evidence of an initial tuberculosis clearance.	<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;">Allen Garvacio made a follow up appointment with his PCP - a 12 steps Skin Test TB clearance was given.</p>	<p style="text-align: center;">June 8, 2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (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. <u>FINDINGS</u> Substitute Care Giver #1 – No documented evidence of an initial tuberculosis clearance.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>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;">Three months before the October 8, 2021 Annual Inspection all documents should be available and current. The PCP double check the documents and at the same time one of the Substitute Caregiver will double check as well, that the TB clearance is available and current.</p>	<p style="text-align: right;">21 OCT 13 P 3:27</p> <p style="text-align: right;">STATE OF HAWAII PSY-0004 STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(1) 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: Documentation of primary care giver's assessment of resident upon admission; FINDINGS Resident #1 – No documentation of primary care giver's assessment of resident upon readmission.	<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;">A COPY of Admission Assessment Plan of Care was documented and was filed on a Late Entry dated June 9, 2021 signed by PCG and by the Resident.</p>	June 9, 2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(1) 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. Documentation of primary care giver's assessment of resident upon admission; <u>FINDINGS</u> Resident #1 – No documentation of primary care giver's assessment of resident upon readmission.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? When a resident is admitted and or readmitted, all documents should be completed and available on the date of the said admission/readmission respectively. The Primary Caregiver is responsible to check that all documents are completed and available, at the same time the Substitute care giver will double check that documents are complete and available at anytime.	21 OCT 13 P 3:27

Licensee's/Administrator's Signature: Evelyn R. Cascal

Print Name: EVELYN R. CASCAL

Date: June 9, 2021

Licensee's/Administrator's Signature: ER Cascal

Print Name: EVELYN R. CASCAL

Date: Sept. 13, 2021

Licensee's/Administrator's Signature: ER Cascal

Print Name: EVELYN R. CASCAL

Date: September 30, 2021

Licensee's/Administrator's Signature: ER Cascal

Print Name: EVELYN R. CASCAL

Date: Oct. 8, 2021