

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | |
|---|---|
| Facility's Name: Raguindin Malama Kauhale ARCH | CHAPTER 100.1 |
| Address: 94-088 Awamoku Street, Waipahu, Hawaii 96797 | Inspection Date: September 15, 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
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING

21 OCT -1 P 3:05

| | 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 documented evidence of 2-step tuberculosis clearance.</p> | <p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>7 Check the checklist/requirement attached a copy of TB clearance SCG #1</p> | <p>9/6/21</p> |

STATE OF HAWAII
DOH-PSA
STATE LICENSING

21 OCT -1 P3:05

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|---|------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – - “Glucerna 1 can TID PRN” was not included on the MAR for the months of November 2020 through February 2021 - “Glucerna 1 can TID” was not included on the April MAR. - “Ciprofloxacin 250mg 1 tab BID for 7 days” order on 9/24/20 was not included on the MAR.</p> | <p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>STATE OF HAWAII BOH-BOCA STATE LICENSING</p> | 21 OCT -1 P 3:05 |

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Licensee's/Administrator's Signature: Belma A Reguindin
Print Name: Belma A Reguindin
Date: 9/29/21

21 OCT -1 P 3:05
STATE OF HAWAII
DOH-CHCA
STATE LICENSING