

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha ARCH	CHAPTER 100.1
Address: 86-107 Hoaha Street, Waianae, Hawaii, 96792	Inspection Date: December 1, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Primary care giver, SCG #1, SCG #2, SCG #3, SCG #4: No documented evidence of twelve (12) hours of continuing education.</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><i>Copy of 12 hours CEU - continuing education courses has been found & it is now in the care home folder file</i></p>	<p><i>12/1/21</i></p>

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 FEB 16 2022

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements</u>. (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Primary care giver, SCG #1, SCG #2, SCG #3, SCG #4: No documented evidence of twelve (12) hours of continuing education.</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>as soon as I receive this 12 hours of continuing education records I will immediately file in the care home folder for OCHA or any care team review. I will use reminder notes, calendar that it will always be in the carehome folder files</p>	<p>12/1/21</p>

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Licensee's/Administrator's Signature: Maryn Acun

Print Name: MARYN ACUN

Date: 2/14/22

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