STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

State Licensing Section
Office of Health Care Assurance

Clinical Services

Facility Name: All Hearts Arch, L.L.C.

Address:
3962 Kawainui Road, Kapaa, Hawaii 96746

Inspection Date: January 31, 2022 Annual

Without your response, your statement of deficiencies will be posted online, received within ten (10) days. Your plan of correction must be submitted within ten (10) working days. If it is not, your plan of correction will be returned to you, unreviewed.

This page must be submitted with your plan of correction. If it is not, your plan of correction will be returned to you, unreviewed.
### Part I

**Date of Completion:** 9/1/2022

**Plan of Correction:**

**Rules (Criteria):**

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**Evidences:**

Annual physical examination clearance by a physician or advanced practice registered nurse (APRN).

Physician examination clearances by a physician or advanced practice registered nurse. No documentation evidence of current physician examination and other periodic progress notes, recent laboratory reports, and other periodic examination, pertinent immunizations, vaccinations, and other periodic health screenings.

During existence, records shall include:

§11-100.1-17 Records and reports (b)(1)
<table>
<thead>
<tr>
<th>Date</th>
<th>Completion Date</th>
<th>Plan of Care, Concerns</th>
<th>Future Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/24/2023</td>
<td></td>
<td>Are completed. Physical examination due to be sure that all accuracy rates are correct. Please go to SSA to double check. Begun on this date. House call at 12:00 PM.</td>
<td>Use this space to explain your future plan.</td>
</tr>
</tbody>
</table>

**FINDINGS**

Physician examination clearance by a physician or APRN.
Resident #4 - No documented evidence of a Turner Physical examination, Pertinent immunizations, evaluations, and report of progress notes, relevant laboratory reports, and a report of physical examination and other periodic evaluations. Records should include:
811-100.1-17-12