

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: All Hearts ARCH, L.L.C. Address: 5962 Kawaihau Road, Kapaa, Hawaii 96746	CHAPTER 100.1 Inspection Date: January 31, 2022 Annual
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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 LICENSING
DEPARTMENT
HAWAII

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(1) During residence, records shall include: Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis; FINDINGS Resident #4 – No documented evidence of a current physical examination clearance by a physician or advanced practice registered nurse (APRN).	<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;">Annual Physical Examination completed by Dr. David Bennett on 2/11/2022</p>	<p style="text-align: center;">2/11/2022</p>

STATE OF HAWAII
 BOARD OF
 STATE LICENSING

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STATE OF HAWAII
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 STATE LICENSING

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Licensee's/Administrator's Signature: *Jeanie Pabain*

Print Name: Lalaine Pabain

Date: 02/04/2022

STATE OF HAWAII
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STATE LICENSING

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