Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Annelyn Raval (ARCH)	**CHAPTER 100.1**
Address: **94-362 Apowale Street, Waipahu, Hawaii 96797**	**Inspection Date: January 7, 2022 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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STATE OF HAWAII
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§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** Resident #1 – No initial 2-step tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Res. #1 - I went to the physician and ~~its~~ already corrected and signed by the physician. date 2-18-2022.	2-18-2022

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☒	§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** Primary Care Giver (PCG), Substitute Care Giver (SCG) #1 and SCG #2 – No current annual tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Primary care giver and SCG #1 + SCG # went to get their T.V. clearance already it's done + corrected by the physician. 2-18-2022	2-18-2022 ar

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (f)(4) General rules regarding records: All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency. **FINDINGS** Resident #1 – Resident #1's height was recorded as 4ft 6in in Height and Monthly Weight Records. Physician's office visit note dated 10/10/2021 was recorded as 66 inches.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** IAN E. GUERRERO, M.D. INTERNAL MEDICINE 94-141 Pupupuhi Street Waipahu, HI 96797-2510 P: 808-676-[illegible] F: 808-678-1894 I corrected already in my record. STATE OF HAWAII DOH-OHCA STATE LICENSING	2-18-22 '22 MAR -3 P12:32

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. **FINDINGS** Resident #1 – Per PCG, physician's verbal order to discontinue glucose check was given on 12/10/2021. Physician's written order was not obtained.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** IAN E. GUERRERO, M.D. INTERNAL MEDICINE 94-141 Pupupuhi Street Waipahu, HI 96797-2510 P: 808-678-1894 • F: 808-678-1894 The doctor signed and initial already 2/17/2022 STATE OF HAWAII DOH-OHCA STATE LICENSING '22 MAR -3 P12:32	2-22-2022

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; **FINDINGS** Fire drills were conducted between 3pm and 6pm only.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** STATE OF HAWAII DOH-OHCA STATE LICENSING	'22 MAR -3 P12:32

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Licensee's/Administrator's Signature: Annelyn B. Raval

Print Name: ANNELYN B. RAVAL

Date: 2-22-2022

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