

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Bumanglag, Lota (ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-366 Kahuanani Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: March 2, 2022 Annual</b>

**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.**

22 APR -1 P 1 :26  
STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><b>FINDINGS</b> Resident #3: No documented evidence of annual tuberculosis clearance.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Resident #3 has been refusing to get the T.B. Test clearance but I was able to convince him to acquire the QuantiFeron TB gold lab test on March 12, 2022. Waiting for the result on his PCP appointment this month.</i></p>	<p><i>March 12, 2022.</i></p> <p style="text-align: right;">22 APR -1 P 1 26</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Be treated with understanding, respect, and full consideration of the resident's dignity and individuality, including privacy in treatment and in care of the resident's personal needs;</p> <p><b><u>FINDINGS</u></b>  Resident #2: Video device at bedside for fall prevention. No documented signed consent from resident, family, or legal guardian.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Removed the video device at resident #2's bedside completely.</i></p>	<p style="text-align: center;"><i>March 31, 2022</i></p> <p style="text-align: center;">'22 APR -1 P 1:26</p> <p style="text-align: center;">STATE OF HAWAII  DOH-DHCS  STATE LICENSING</p>

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Licensee's/Administrator's Signature: *Lotw Bumanglag*

Print Name: Lotw Bumanglag

Date: March 25, 2022

STATE OF HAWAII  
DOH-ORCA  
STATE LICENSING

'22 APR -1 P1:26