Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E.F. Nicomedes	**CHAPTER 100.1**
Address: **1271 Kaeleku Street, Honolulu, Hawaii, 96825**	**Inspection Date: February 9, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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STATE OF HAWAII
DOH
LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Primary care giver: No documented evidence of annual physical examination.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** We got our Physical Examination by Video Visit dated 2/8/2022	2/16/22 Edv Shuler

'22 FEB 22 P3:07

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF HAWAII
DEPT OF HUMAN SERVICES

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22 FEB 22 P 3:07
STATE OF HAWAII
BOARD OF
SOCIAL LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** House hold ,member #1, #2: No documented evidence of annual physical examination.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** We got our Physical Examination by Video Visit dated 2/16/2022	2/16/22

STATE OF HAWAII
STATE AUDITOR'S OFFICE

'22 FEB 22 P3:07

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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STATE OF HAWAII
STATE LIBRARY

22 FEB 22 P3:07

	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** Primary Care giver: No documented evidence of annual tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** We got our Physical Examination by Video visit dated 2/8/2022. Included the Annual tuberculosis clearance	2/16/22 E Elder

'22 FEB 22 P3:07
STATE OF HAWAII
BOARD OF NURSING
STATE LICENSING

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STATE OF HAWAII
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STATE LICENSING

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22 FEB 22 P3:08

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Licensee's/Administrator's Signature: Edna F Nicomedes

Print Name: Edna F. Nicomedes

Date: Feb. 16. 2022