

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: RCH - Kapalama	CHAPTER 89
Address: 1330 Haloa Street, Honolulu, Hawaii 96817	Inspection Date: June 28, 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.

STATE OF HAWAII
LICENSING DIVISION
JUN 28 2022

JUN 12 P 4:13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-8 Provision for services and review. (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p>FINDINGS Certified Care Giver (SCG) #1 – No evidence of eight hours of skills programs for this inspection year.</p>	<p>PART 1</p> <p>DID YOU CORRECT THE DEFICIENCY?</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Caregivers completed the required hours of in-services within the annual year. Caregivers were also given copies of their in-service records. However, caregivers could not find it on the day of re-certification which is why she could not show it to the certifier. She later found them & sent them via fax to the certifier.</p>	<p>6/28/22</p> <p>STATE OF MAINE DEPT. OF COMMUNITY SERVICES JUL 12 4:13 PM</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-8 <u>Provision for services and review.</u> (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.</p> <p><u>FINDINGS</u> Certified Care Giver (SCG) #1 – No evidence of eight hours of skills programs for this inspection year.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Agency will continue to provide required inservice to meet the hours & specified topics for training. Inservice records will be filed in a binder for easier access especially during inspection.</i></p>	<p>22 JUL 12 PM 4:13</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF LICENSING</p>

Licensee's/Administrator's Signature: _____

[Handwritten Signature]

Print Name: _____

Michael P. Marsh

Date: _____

7-11-22

STATE OF MICHIGAN
REG-012A
STATE LICENSES

22 JUL 12 P4:13