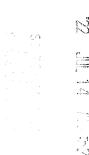
## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Prime Health Services Care Home II	CHAPTER 100.1
Address: 107B Kilea Place, Wahiawa, Hawaii 96786	Inspection Date: November 2, 2021 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.



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.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU  CORRECTED THE DEFICIENCY	
FINDINGS  SCG#3 - No current documentation for the annual physical. Expired 10/30/21.  Please send copy with your Plan of Correction.	SCETS HU WHEEN WORLD	72N'22
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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 SCG#3 — No documentation for current tuberculosis clearance. Expired 10/30/21.  Please send copy with your Plan of Correction.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  WEAT I DO LONGTON  UNIVERSE THE CONTENT  UNIVERSE THE CONTENT	\$28/22 1)
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:  Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU  CORRECTED THE DEFICIENCY	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:  A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
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Licensee's/Administrator's Signature: _	
Print Name:	BATAL " KYAN " ANT MID
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