

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Charity Adult Residential Care Home/E-ARCH II	CHAPTER 100.1
Address: 1563 Molina Street, Honolulu, Hawaii 96818	Inspection Date: July 27, 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.

08/16/16, Rev 09/09/16, 03/05/18, 04/16/18

1

STATE OF HAWAII
DEPARTMENT OF
HEALTH
STATE LICENSING

22 AUG -3 P4:25

P.2

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements, (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (c) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation:</p> <p><u>FINDINGS</u> Substitute Care Giver #1 and #2 -- Cardiopulmonary resuscitation certification completed online only.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>The deficiency was corrected by having both caregivers #1 and #2 attend an in-person CPR class on 7/30/22.</i></p>	<p><i>7/30/22</i></p>

STATE OF MICHIGAN
DEPARTMENT OF
STATE LICENSING

22 AUG -3 P4:25

P.3

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p>FINDINGS Substitute Care Giver #1 and #2 -- Cardiopulmonary resuscitation certification completed online only.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, care giver will attend an in-person CPR training to ensure that this deficiency does not happen again.</i></p> <p><i>In the future, PCG will check all certifications when they are received to ensure they are not taken online, will check all staff certifications 6 months prior to annual inspection to ensure all staff has the required clearance to make sure this deficiency doesn't happen again.</i></p>	<p><i>7/30/22</i></p> <p><i>7/30/22</i></p>

Licensee's/Administrator's Signature: Nete F. DeCastro
Print Name: Nete F. DeCastro
Date: 8/3/2022

'22 AUG -3 P4:25
STATE OF HAWAII
REGISTRATION
STATE LICENSING

P.5