Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Galario, Violeta	**CHAPTER 100.1**
Address: **94-1440 Hiapo Street, Waipahu, Hawaii 96797**	**Inspection Date: September 12, 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.

	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** Substitute Care Giver (SCG) #3, SCG #4, & House Hold Member (HHM) #1 – No documented evidence of a current annual physical examination clearance by a physician or advanced practice registered nurse (APRN).	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Substitute Care Giver (SCG) #3 & SCG #4 & House Hold Member (HHM) #1 have completed a physical examination clearance by a physician, see attached. HHM #1 had already completed a physical Exam but was not place in folder.	SCG #3 9/21/22 SCG #4 9/19/22 HHM #1 5/17/22

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STATE OF HAWAII
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	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** SCG #3 & SCG #4 – No documented evidence of a current annual tuberculosis clearance by a physician or APRN. '22 SEP 26 A11:02 STATE OF HAWAII DOH STATE LICENSING	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #3 has received their TB clearance, see attached SCG #4 does not take TB test due to a positive skin test back in 1998. See attached certificate.	9/21/2022 9/20/2022

	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** SCG #3 & SCG #4 – No documented evidence of a current annual tuberculosis clearance by a physician or APRN.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I have created a checklist to ensure that all required TB clearance for all SCG's and HHA are updated annually and placed in binder.	9/19/2022

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Licensee's/Administrator's Signature: Violeta Galario

Print Name: Violeta Galario

Date: 9/19/2022

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