

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aliga, Nelly (ARCH)	CHAPTER 100.1
Address: 174 Lukia Street, Hilo, Hawaii 96720	Inspection Date: January 5, 2023 – 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
<input checked="" type="checkbox"/>	<p>§11-100.1-3 <u>Licensing</u>. (b)(1)(I) Application.</p> <p>In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application:</p> <p>Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law;</p> <p><u>FINDINGS</u> Primary care giver (PCG), substitute care giver (SCG) #1 and SCG #2 – no fieldprint background check.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I called fieldprint to schedule our fingerprint. I called my substitute to check if she has a fieldprint, fingerprint. And she bring her result I got the result on Jan 1-27-23 Enclosed the result of our fingerprint</i></p>	<p><i>1-10-23</i></p> <p><i>1-27-23</i></p> <p style="text-align: right;"><i>23 Jan 19 10:56</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – medication order dated 01-27-22 read, “Losartan 10 mg once a day.” However, February 2022 – June 2022 medication record read, “Losartan 50 mg once a day.”</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">23 FEB -9 10:03</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature:

Nelly Alijo

Print Name:

Nelly Alijo

Date:

2-6-23

23 899-9 89 899
California

Licensee's/Administrator's Signature: Nelly Alija

Print Name: Nelly Alija

Date: 2-8-23

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STATE DEPT. OF REG.