## Office of Health Care Assurance

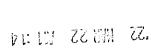
## **State Licensing Section**

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jennifer Galicinao RN ARCH	CHAPTER 100.1
Address: 94-431 Kahualena Street, Waipahu, Hawaii 96797	Inspection Date: February 7, 2022 Initial

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) WORKING 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  Household member (HM) #1 - No physical examination.  Submit a copy with the plan of correction (POC).	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  DEPOCIONEY COMPACTED.  Attached Company of Physical: Ham.	2/15/2
SI:	15.155 17.255 17.355	SZ WW SZ.		

RULES (CRITERIA)	PLAN OF CORRECTION	Completion
RULES (CRITERIA)  §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 Household member (HM) #1 - No physical examination. Submit a copy with the plan of correction (POC).	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 will use Applead sheet for PE/TE clearances. Chech mothly for Horration dates and due forms.  - Remind houshold member	Date 5 /4/2022
	and care givens of du date and make appreas appre as appre of the copie of the copie of the is precised.	es Priale

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 Primary care giver (PCG), substitute care giver (SCG) and HM #2 - No documented evidence of positive TB clearance.  Submit a copy for each with the POC.	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Offacted Copy of Correction.	3/22/22

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 Primary care giver (PCG), substitute care giver (SCG) and HM #2 - No documented evidence of positive TB clearance. Submit a copy for each with the POC.	FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  - For Caregivers and house hold members with his (DPD). I will obtain  Documentation of (D) TB test with follow-up of wheat X-Ray.	722
		1

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	\$11-100.1-9 Personnel, staffing and family requirements. (e)(3)	PART 1	
	The substitute care giver who provides coverage for a period less than four hours shall:	DID YOU CORRECT THE DEFICIENCY?	mardo
	Be currently certified in first aid;	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	22,
	FINDINGS PCG and SCG - No first aid certification. Submit a copy for each with the POC.	Deficiency corrected.	<del>20</del> 27
	ior each with the FOC.	Copies of the first aid	
		certification will be	
		attel PCG folder and	
		will be retraily marke	bje
		to nuise considerant	
		upon visit and reque	J.
		Expiration dales well be	
		reviewed in a timely man	res.
SA HV	944 ~ 0 3TAT 8 #34:0-H00 \$H30:1 3TAT 8		- v
		Open Williams	
71: 117	SS AM SS.		

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid;  FINDINGS PCG and SCG - No first aid certification. Submit a copy for each with the POC.	PART 2  FUTURE PLAN  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  Attached copies of CPR/first aid	5/4/2022
	attached copies of CPR/first aid  Chick spread sheet for the protion dates.  -make seve copies of clearances and certificate are in the binder.  all forms are physicalle in the PCG binder.	n y
	STATE OF THE LEFT	.22 MAY -4

Licensee's/Administrator's Signature: Semula Halianar

Print Name: Tennifer Galianar

Date: March 22, 2022

Licensee's/Administrator's Signature:

Print Name: Pennifer (

Date: 5/4/2622

STATE TO TAKE SHOWN SHOW

72 MAR 22 MI : 14