

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bolosan, Domie (ARCH)	CHAPTER 100.1
Address: 94-039 Waikele Loop, Waipahu, Hawaii 96797	Inspection Date: June 16, 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.

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

23 JUL -3 P 2:43

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS Substitute Care Giver #1 – No documented evidence of a current First Aid certification.</p> <p>Please submit a copy with your plan of correction as evidence of completion.</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 style="text-align: center;">Substitute caregiver immediately attended and completed an adult first aid and CPR class to obtain the required certification on June 18, 2023. Please see attached copy of certification (both first aid and CPR-).</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>	<p style="text-align: center;">June 18, 2023</p> <p style="text-align: center;">23 JUL -3 P2:43</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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:</p> <p>Be currently certified in first aid;</p> <p>FINDINGS Substitute Care Giver #1 – No documented evidence of a current First Aid certification.</p> <p>Please submit a copy with your plan of correction as evidence of completion.</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>From now on, when my substitute caregivers' CPR and first aid certification is due, I will send them a reminder memo that both certification is required and I will also put a post-it note in my records and calendar. Also, all substitute caregivers have been educated on this requirement, to prevent deficiency from happening again. (I will send reminder memos at least 1 month before expiration).</p>	<p style="text-align: right;">June 18, 2023.</p> <p style="text-align: right;">23 JUL -3 P2:43</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

Licensee's/Administrator's Signature: *Damie B. Bolosan*

Print Name: Damie B. Bolosan

Date: June 19, 2023

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

'23 JUL -3 P 2:43