

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Beltran, Milagros (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-1382 Henokea Street, Waipahu, Hawaii 96797	Inspection Date: June 20, 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 JUN -5 P2:38

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Substitute Care Giver #1 and #2 – 11 out of 12 continuing education hours completed within the last year.</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>SCG #1 and #2 completed their required educational inservice hours on June 22, 2023. Certificates enclosed.</p>	<p style="text-align: right;">June 22, 2023</p> <p style="text-align: right; font-size: 2em;">23</p> <p style="text-align: right; font-size: 1.5em;">JUL -5 P2:38</p> <p style="text-align: right; font-size: 0.8em;">STATE OF HAWAII DOH - OHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p>FINDINGS Substitute Care Giver #1 and #2 – 11 out of 12 continuing education hours completed within the last year.</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>To prevent this from happening again in the future, i created a checklist to use as my reference to ensure complete educational hours required within the year, to include the ff:</p> <ol style="list-style-type: none"> 1. start date of educational inservice is the month following DOH Annual Inspection. 2. End date of educational inservice allowed is the 12th month following DOH Annual Inspection. 3. Name of all caregivers attending to the CH residents, inservices attended and the credits earned. 4. Total of educ. hours completed by each caregiver be 12hrs. within the 12 month period. <p>I made all the SCGs aware of my plan, and instructed each of them to submit their their certificate of attendance upon available, and to be kept in the CH Administrative Folder.</p>	<p style="text-align: center;">73 JUL -5 P 2:38</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right;">June 27, 2033</p>

Licensee's/Administrator's Signature: Milagros S. Beltran

Print Name: Milagros S. Beltran

Date: July 5, 2023

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23 JUL-5 P2:37