

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lilibeth Badua E-ARCH	CHAPTER 100.1
Address: 4318 Laakea Street, Honolulu, Hawaii 96818	Inspection Date: July 24, 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>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1 – No current tuberculosis (TB) clearance. Last TB clearance from 5/4/2022.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>An appointment for TB clearance was made and scheduled on 8-8-23 at 1:15pm.</i></p> <p><i>See attached copy of TB clearance</i></p>	<p>7-25-23</p>

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Licensee's/Administrator's Signature: Lilibeth Badua

Print Name: LILIBETH BADUA

Date: 7-28-23