

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Nebreja, Raymunda (ARCH)	CHAPTER 100.1
Address: 94-023 Poailani Circle, Waipahu, Hawaii 96797	Inspection Date: July 25, 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  
DEPARTMENT OF  
STATE LICENSING

23 OCT 25 18:33

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
10/25/23	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Resident continues to refuse P.E. exam due to severe mental illness, w/ doctor I/AR is aware &amp; if reflected in actual report summaries will continue to encourage resident to obtain P.E. exam</i></p> <p style="text-align: right;">STATE OF ILLINOIS COMMUNITY STATE LICENSING</p>	<p><input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u></p> <p>(a) All individuals who either reside or provide care or services to residents in the Type 1 ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type 1 ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b>FINDINGS</b> Resident #1: No documented evidence of annual physical exam. Last physical 7/13/21.</p>

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Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
10/25/23	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will continue to schedule a doctor visit my doctor I/pr every 3 months my schedule is reflected in my calendar.</i></p>	<p><input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u></p> <p>(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.</p> <p><b><u>FINDINGS</u></b> Resident #1: No documented evidence of annual physical exam. Last physical 7/13/21.</p>

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Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
10/25/23	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>P.E. exam was found dated 2/1/23 it is now on file</i></p>	<p><input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u></p> <p>(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.</p> <p><b>FINDINGS</b> Substitute care giver #2: No documented evidence of annual physical exam.</p>

STATE OF MARYLAND  
GOVERNMENT  
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Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
10/25/23	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will schedule appointment to obtain P. Exam at least one month before expiration I will remember by using my personal calendar</i></p>	<p><input checked="" type="checkbox"/> § 11-100.1-9 <u>Personnel, staffing and family requirements.</u></p> <p>(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.</p> <p><b>FINDINGS</b> Substitute care giver #2: No documented evidence of annual physical exam.</p>
	<p style="text-align: right;">STATE OF MARYLAND CORRECTIONAL STATE LICENSING</p> <p style="text-align: right;">23 OCT 25 08:33</p>	

Licensee's/Administrator's Signature: Raymunda Alibryca

Print Name: RAYMUNDA C. ALIBRYCA

Date: 10/25/23

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GOVERNMENT  
STATE LICENSING

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