## Office of Health Care Assurance

## **State Licensing Section**

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The ARC in Hawaii – Kamehame Home	CHAPTER 89
Address: 1019 Kamehame Drive, Honolulu, Hawaii 96825	Inspection Date: December 18, 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
\$11-89-18 Records and reports. (a)(2) Individual records shall be maintained for each resident. Upon admission or readmission, the facility shall maintain:  A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;  FINDINGS  Resident #1 — No documented evidence of an initial two-step TB clearance.	PLAN OF CORRECTION  PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  The original document of the resident's 2-step TB from 2005 could not be found. The resident however completed a skin test on April 12, 2022, and a chest Xray on June 9, 2022. The physician did not want to perform another skin test on the resident when requested by the home manager.	Completion Date  12/19/2023

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Licensee's/Administrator's Signature:	Christine Menezes, Director of Operation
Print Name:	Christine Menezes, Director of Operations
Date:	03/12/2024