

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: The ARC in Hawaii – Wahiawa B</b>	<b>CHAPTER 89</b>
<b>Address: 140 B Kuahiwi Avenue, Wahiawa, Hawaii 96786</b>	<b>Inspection Date: August 14, 2024 Annual</b>

**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>§11-89-18 <u>Records and reports.</u> (b)(1)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence of a current Tuberculosis (TB) assessment. Last TB assessment done was on 6/26/23.</p>	<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>The TB evaluation is scheduled for September 27, 2024 at 9:20am. The Consultant for the home recommended to the Home Manager that it be scheduled at the residents next 90-day evaluation.</p>	<p>09/27/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(1)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence of a current Tuberculosis (TB) assessment. Last TB assessment done was on 6/26/23.</p>	<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>A tickler system was created for home managers to utilize in order to keep track of scheduled appointments and annual due dates for the residents. The home manager will utilize this tickler system to prevent missed annual requirements in the future. Once completed, the document will be uploaded to the resident's Therap file. The assigned nurse will also review due dates when conducting her quarterly audits of the resident files. See attachment A</p>	08/30/2024

Licensee's/Administrator's Signature: Christine Menezes, Director of Operations

Print Name: Christine Menezes

Date: 09/03/2024