

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Armando Biacan Care Home	CHAPTER 100.1
Address: 94-565 Loaa Street, Waipahu, Hawaii 96797	Inspection Date: March 7, 2025 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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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><u>FINDINGS</u> Resident #1: no documented evidence of annual physical exam.</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 style="text-align: center;">YES, THERE IS NOW DOCUMENTED EVIDENCE OF RESIDENT #1'S ANNUAL PHYSICAL EXAM.</p>	<p style="text-align: center;">04/25/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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><u>FINDINGS</u> Resident #1: no documented evidence of annual physical exam.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE, ALL RESIDENTS WILL HAVE DOCUMENTED EVIDENCE OF ANY EXAMS / DOCTOR VISIT, ETC ON A CHART CONTAINING ALL THE ANNUAL DATES AS WELL AS DOCUMENTING IT IN THE PROGRESS NOTES. A COPY OF THE EXAM WILL BE KEPT IN THE RESIDENT'S FILES. I MADE A CALENDAR THAT REMINDS ME TO SCHEDULE APPT. ONE MONTH BEFORE APPT ^{APPT} EXPIRATION.</p>	04/25/25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1: No documented evidence of annual renewal of diet order.</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>YES, THERE IS NOW AN ANNUAL RENEWAL OF RESIDENT #1'S DIET ORDER DOCUMENTED IN HIS FILES.</p>	<p>04/25/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i) Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><u>FINDINGS</u> Resident #1: No documented evidence of annual renewal of diet order.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>IN THE FUTURE, ALL RESIDENTS WHO REQUIRE A DIET ORDER WILL HAVE DOCUMENTED EVIDENCE OF ANNUAL RENEWAL IN THEIR FILE, A PHYSICIAN NOTE AND THE RENEWAL WILL BE DOCUMENTED IN THE PROGRESS NOTES AND STORED IN THE RESIDENT'S FILES. I MADE A CALENDAR THAT ALERT ME TO SCHEDULE APT. ONE MONTH BEFORE EXPIRATION.</p>	<p>04/25/25</p>

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____

Armando Biacan
05/14/25