

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Flojo's Quality Affordable Care Home	CHAPTER 100.1
Address: 1159 Kuukoa Street, Pearl City, Hawaii 96782	Inspection Date: February 11, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b>FINDINGS</b> Substitute care giver (SCG) #3, no two-step tuberculosis (TB) skin test clearance. <u>Please submit copy of two-step TB skin test with the plan of correction (POC).</u></p>	<p>SCG # 3: Two step tuberculosis (TB) skin test clearance obtained. See attached.</p> <p>Plan of Prevention: All new hires shall have two-step Tuberculosis (TB) skin test clearance - done.</p>	8/15 - 2014

Licensee's/Administrator's Signature: CN Flojo

Print Name: Cecile B. Flojo

Date: 8/15 - 2014