

Office of Health Care Assurance

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State Licensing Section

'16 FEB -5 A10:56

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

DOH-06

Facility's Name: Gaylord's II	CHAPTER 100.1
Address: 1110 Kaialiu Street, Honolulu, Hawaii 96826	Inspection Date: October 1, 2015 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>FINDINGS Substitute care giver #1 - attestation dated 04/15/15; however no positive tuberculosis skin test documentation available.</p>	I have documented evidence of the positive initial tuberculosis clearance in the Care Home binder for substitute care giver 1. The paperwork was always there on the back page, we just missed it.	10/1/15
		Plan of Correction	Completion Date
		I will ask doctor to fill in date and induration directly on attestation form to lessen amount of paperwork in binder. The way I will ensure that this will not happen again, I add this step to my employee checklist for annual paperwork. I have attached substitute care giver #1 current attestation form.	2/26/16

Licensee's/Administrator's Signature: Wannette Gaylord

Print Name: Wannette Gaylord

Date: 2/2/2016

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Licensee's/Administrator's Signature: Wannette Gaylord

Print Name: Wannette Gaylord

Date: 8/2/16

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