

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

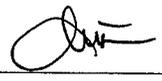
Facility's Name: Debora's	CHAPTER 100.1
Address: 1773 Piikea Street, Honolulu, Hawaii 96818	Inspection Date: August 5, 2016 Annual

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STATE OF HAWAII
DEPARTMENT OF HEALTH CARE LICENSING

	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 #4 No documentation of annual TB clearance.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY? SCG advised that she needs to have TB clearance from her PMD, required by DPH for her to remain SCG. Copy of annual TB clearance obtained on 8/27/16. Copy Enclosed.</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Family members and SCG's TB clearance schedules already written on CTO's daily calendar schedule to avoid same mistake again.</p>	<p>8/27/16</p> <p>8/27/16</p>

Licensee's/Administrator's Signature: 

Print Name: Debara Castro / Debaris EC-ARCH

Date: 8 / 29 / 16