

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Olu Care Home, L.L.C.	CHAPTER 100.1
Address: 1573 Ala Lani Street, Honolulu, Hawaii 96819	Inspection Date: January 9, 2017 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.

	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> Family member #1 & #2 physical exam expires 12/2016. No residents in home, however PE's must be current at all times.</p>	<p style="text-align: center;">PART 1 <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>Family member #1: Obtained copy of PE completed on 12/16/16 and placed in care home folder.</p> <p>Family member #2: Obtained copy of PE completed on 12/28/16 and placed in care home folder.</p>	<p style="text-align: right;">1/30/17</p> <p style="text-align: right;">1/30/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (a)	<p style="text-align: center;">PART 2 <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 family member PE expirations will be placed on a calendar and a reminder will be set 2 months prior to expiration to set an appointment. During the month of PE expiration, verification that the old PE form is removed and replaced with the current PE.</p>	<p style="text-align: center;">1/30/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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><u>FINDINGS</u> Primary care giver and substitute care giver #1 tuberculosis skin test and attestations expired 12/2016. No residents in the home, however TB clearance must be current at all times.</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>Primary care giver TB attestation updated and placed in care home folder.</p> <p>Substitute care giver #1 TB skin test given on 1/30/16 and read on 2/1/17 - 0 mm, negative.</p>	<p style="text-align: right;">2/1/17</p> <p style="text-align: right;">2/1/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1 (b)	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">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, a calendar reminder on cell phone will be used of upcoming 2 month TB expiration so an appointment may be made. The month of TB expiration, another reminder will be placed on cell phone to verify and replace expired TB with current TB skin test/attestation.</p>	<p style="text-align: center;">2/1/17</p>

Licensee's/Administrator's Signature: Sharlene Zahars

Print Name: SHARLENE ZAHARS

Date: . 2/8/17