

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

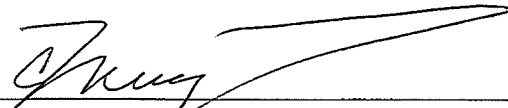
<b>Facility's Name:</b> Nova Luna, Inc.	<b>CHAPTER 98</b>
<b>Address:</b> 470 Lilihua Place, Wailuku, Hawaii 96793	<b>Inspection Date: December 22, 2016 Annual</b>

**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>§11-98-11 <u>Minimum standards for licensure; personnel.</u> (c)  There shall be documented evidence that every employée has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.</p> <p><b>FINDINGS</b>  Staff #1 no evidence of annual tuberculin skin test or chest x-ray.</p>	<p style="text-align: center;"><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Staff #1 received a 2 step TB test upon returning from medical leave prior to working any shifts</p>	<p>01/24/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE #11-98-11(e)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>All employees will receive an annual tuberculin skin test or chest x-ray at the annual staff meeting and before the previous year testing expires.</p>	<p style="text-align: center;">01/24/17</p>

Licensee's/Administrator's Signature: \_\_\_\_\_



Print Name: \_\_\_\_\_

Cathy Meyer-Uyehara

Date: \_\_\_\_\_

03-27-17

Vertical text, possibly a stamp or reference number.