

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Leticia's Care Home	<b>CHAPTER 100.1</b>
<b>Address:</b> 1375 Ala Hoku Place, Honolulu, Hawaii 96819	<b>Inspection Date:</b> November 25, 2016 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
☒	<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><u>FINDINGS</u></b></p> <ol style="list-style-type: none"> <li>1. Primary care giver has history of positive tuberculosis test no TB attestation completed in record. <b>Submit copy of current TB attestation with your plan of correction.</b></li> <li>2. Substitute care giver #1 has history of positive tuberculosis test no TB attestation completed in record. <b>Submit copy of current TB attestation with your plan of correction.</b></li> <li>3. Substitute care giver #2 has no history of positive tuberculosis test and no current TB skin test on file. <b>Submit copy of current TB skin test or proof positive and a TB attestation with your plan of correction.</b></li> </ol>	<p style="text-align: center;"><b>PART 1</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <ol style="list-style-type: none"> <li>1. <i>yes, TB attestation has already been completed for the PCG on 12/14/16</i></li> <li>2. <i>yes, TB attestation has already been completed for SCG #1 on 12/14/16</i></li> <li>3. <i>No, not yet because she lives in Washington and she promised to bring it with her when she comes on Jan 4, 2017 for PCG #2 current TB skin test or proof positive + a TB attestation.</i></li> </ol>	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-9 (b)	<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>1. For the next time, (I'll) <sup>pegs will</sup> use a calendar to note that when we do our PE it should be attach to it so <del>pegs</del> <sup>pegs will</sup> not forget and also ask my husband to remind me to bring it when we have our annual P.E. <span style="float: right;">12/14/16</span></p> <p>2. For the next time, (I'll) <sup>pegs will</sup> use a calendar to note that when we do our PE it should be attach to it so (I'll) <sup>pegs will</sup> not forget and also to ask my husband to remind me to bring it with me when we have our P.E.s. <span style="float: right;">12/14/16</span></p> <p>3. For the next time, I'll make sure to remind <sup>pegs #12</sup> (her) to have her skin test done and I'll give her a P.E form with the TB attestation form attached together so <sup>pegs #2</sup> (she) can ask her doctor to fill it up the same time w/ her P.E.</p>	

Licensee's/Administrator's Signature: *Tessie Fernando*

Print Name: TESSIE FERNANDO

Date: December 15, 2016