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**

Debora's EC-ARCH

	Rules (Criteria)	Plan of Correction	Completion Date
☒	§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. **FINDINGS** Substitute care giver #4 No documentation of annual TB clearance.	**WHAT DID YOU DO TO CORRECT THE DEFICIENCY?** SCG advised that she needs to have TB clearance from her PHD, required by DOH for her to remain SCG. Copy of annual TB clearance obtained on 8/27/16. Copy Enclosed. **FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Family members and SCG's TB clearances schedules already written on CHO's daily calendar schedule to avoid same mistake again.	8/27/16 8/27/16

Licensee's/Administrator's Signature: _____

Print Name: Debora Castro / Deboras EC-ARCH

Date: 8/29/16