

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|   |   |
|---|---|
| Facility's Name: Flojo's Quality Affordable Care Home | CHAPTER 100.1                             |
| Address: 1159 Kuukoa Street, Pearl City, Hawaii 96782 | Inspection Date: February 11, 2016 Annual |

|                                     | Rules (Criteria)   | Plan of Correction  | Completion Date |
|-------------------------------------|--|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b)<br/>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>FINDINGS</b><br/>Substitute care giver (SCG) #3, no two-step tuberculosis (TB) skin test clearance. <u>Please submit copy of two-step TB skin test with the plan of correction (POC).</u></p> | <p>SCG # 3:<br/>Two step tuberculosis (TB) skin test clearance obtained. See attached.</p> <p>Plan of Prevention:<br/>All new hires shall have two-step Tuberculosis (TB) skin test clearance - done.</p> | 8/15 - 2014     |

Licensee's/Administrator's Signature: Cecile B. Flojo

Print Name: Cecile B. Flojo

Date: 8/15 - 2014