

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Funtanilla (DDDH)	CHAPTER 89
Address: 1020 Hulakui Drive, Honolulu, Hawaii 96818	Inspection Date: September 14, 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.

STATE OF HAWAII
SEP 14 2017

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(2) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If a tuberculin skin test is positive, a standard chest x-ray and appropriate medical follow-up shall be obtained. A satisfactory chest x-ray shall be required yearly thereafter for three successive years.</p> <p>FINDINGS Household Members #1 and #2, and Caregiver #1 have a history of a positive TB skin test with a negative chest x-ray thereafter. Evidence of a current TB screening was not on file for each.</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><i>Household members #1 and #2, and caregiver #1 obtained their TB clearance on September 21, 2017 which attest that they are free of tuberculosis at this time. TB clearance is on file.</i></p>	<p><i>09/21/2017</i></p>

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Licensee/Administrator's Signature: Norma C. Funtanilla

Print Name: NORMA C. FUNTANILLA

Date: November 14, 2017

STATE OF TEXAS
DEPARTMENT OF
TRANSPORTATION
NOV 14 2017