

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Callo Care Home	CHAPTER 100.1
Address: 1027A Lowell Place, Honolulu, Hawaii 96817	Inspection Date: January 4, 2018 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  
DOH-OHCA  
STATE LICENSING

'18 MAR 23 P 1 :28

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<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><u>FINDINGS</u> Family Member #1: No evidence of annual tuberculosis screening. Repeat deficiency from 2017.</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>Family member #1 has annual TB test screening, however, the doctor included the TB screening and annual physical exam on one form with the signature of the doctor. I spoke with the parents of family member #1 that the TB clearance needs to be signed separately as well as dated. It has already been corrected and signed by the doctor on January 10, 2018.</p>	<p style="text-align: center;">1/10/18</p>

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<input checked="" type="checkbox"/>	<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> Family Member #1: No evidence of annual tuberculosis screening. Repeat deficiency from 2017.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><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>To prevent this from happening again in the future, I will mark on the calendar that will be displayed for everyone to see, the date of the annual tuberculosis screening or physical examination of all residents, family members, all caregivers and workers who give care to the residents. We will also post the schedule on the refrigerator and the bulletin board so everyone can see the schedule as to who needs to have the Physical Examination or TB test and when it needs to get done.</p>	<p style="text-align: center;"><i>3/16/18</i></p> <p style="text-align: center;">18 MAR 23 P1:28</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right;"><b>RECEIVED</b></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b)  The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u>  No working flash light in first aid kit, or elsewhere in home.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The flash light battery was replaced immediately after the inspection and it is already working. It was corrected on January 4, 2018.</p>	<p>1/4/18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b)            The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><u>FINDINGS</u>            No working flash light in first aid kit, or elsewhere in home.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To prevent this from happening again in the future, I developed a schedule for all caregivers including me to check the emergency kit to make sure all the necessary supplies and equipment are there including a flash light.</p>	<p>1/10/18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 suppository not available.</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>Resident #1 has not been using the rectal suppository for over a year as the family thought she does not need it anymore. I called the family and APRN to let them know that Resident #1 still needs the rectal suppository just in case it is needed. Already refilled on 1/10/2018.</p>	<p style="text-align: center;">1/10/18</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications. (j)</u> Medication shall be offered only to the resident for whom it is ordered.</p> <p><u>FINDINGS</u> Resident #1 medication, Tylenol 325mg does not have resident's name on the label.</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>The family just delivered the Tylenol medication for Resident #1. I already labeled everything but I forgot to put the name of the resident. I already added the name of Resident #1 right after the nurse consultant left. Corrected on January 4, 2018.</p>	<p style="text-align: center;">1/4/18</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (j) Medication shall be offered only to the resident for whom it is ordered.</p> <p><u>FINDINGS</u> Resident #1 medication, Tylenol 325mg does not have resident's name on the label.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><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>To prevent this from happening again in the future, for medications that are about to run out especially the OTC medications, I will make sure to create the label right away including the name of the resident as well as the number of times they are going to take the medications so that when the medication is delivered, the label will be placed on the bottle right away.</p>	<p style="text-align: right;">3/16/18</p>

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

Print Name:     TESSIE A. CALLO    

Date:     1/21/18    

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

Print Name:     TESSIE A. CALLO    

Date:     2/18/18