

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Okano Care Home	CHAPTER 100.1
Address: 16-1397 35th Avenue, Keaau, Hawaii 96749	Inspection Date: November 16, 2017

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>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1, admitted on July 14, 2017, one (1) tuberculosis (TB) skin test read 0 mm on June 30, 2017. However, no two (2) step TB skin test completed.</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 of resident #1 was informed of the required 2 step PPD. Resident #1 was then taken to the Department of Health for an additional PPD. and returned 2 days later for the reading.</p>	<p>12/13/17</p>

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☒	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p><u>FINDINGS</u> Resident #1, admitted on July 14, 2017, one (1) tuberculosis (TB) skin test read 0 mm on June 30, 2017. However, no two (2) step TB skin test completed.</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>Upon completion of survey & notice of deficiency, licensee reviewed the Department of Health Office of Health Care Assurance's Chapter 100.1 guidelines referencing admission requirements for PPD's. Subsequently, licensee printed off and attached form ARCH N 11 (ADMISSION/RE-ADMISSION) to admission packets for any future admissions.</p>	11/16/17

Licensee's/Administrator's Signature: Stacey Okano

Print Name: STACEY OKANO

Date: 12/22/17