

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 5, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Family Member #1 no evidence of annual physical exam.</p>	<p style="text-align: center;">PART 1 <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 physical exam dated on March 4, 2016, however it could not be easily recognized because the doctor used a regular paper instead of the DOH form as prescribed. This has already been corrected and filed in the CHO binder.</p>	<p style="text-align: right;">1/6/17</p> <p style="text-align: right;">P1:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (a)	<p style="text-align: center;">PART 2 <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 avoid this from happening again in the future, I will mark the calendar with the monthly date and year that all the family members or residents who are going to have the annual physical exam or post it on the refrigerator so I can see the due date of their annual physical exam.</p>	<p>9/1/19</p> <p>P1:19</p>

	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 #2 no evidence of annual tuberculosis clearance.</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 #2 has annual TB examination, however, the doctor who did the skin test did not sign it. The report has already been signed by the doctor and filed in the CHO binder on 1/10/17.</p>	<p style="text-align: right;">1/10/17</p> <p style="text-align: right;">P1:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-9 (b)</p> <p><u>FINDINGS</u> Family Member #2 no evidence of annual tuberculosis clearance.</p>	<p align="center">PART 2 <u>FUTURE PLAN</u></p> <p 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, mark the calendar as to when the date and year all the family members and residents who will need to have annual TB tests done or delegate it to my substitute caregiver to post in on the refrigerator so I can see the due dates of the required examinations.</p>	<p align="center">P1:19</p>

	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 #3 no evidence of annual tuberculosis clearance.</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 #3 has an annual TB test, however the doctor forgot to give us the result and I am not aware that it was not given. The result has already been received and signed by the doctor. Also, it has already been filed in the binder.</p>	<p style="text-align: right;">1/18/17</p> <p style="text-align: right;">01:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-9 (b)</p> <p><u>FINDINGS</u> Family Member #3 no evidence of annual tuberculosis clearance.</p>	<p align="center">PART 2 <u>FUTURE PLAN</u></p> <p 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 will mark the calendar as to the date all the family members and residents who will need to have annual TB tests or delegate it to my substitute caregiver to post it on the refrigerator so I can see the due dates of their annual TB tests.</p>	<p align="right">Ben A. Elbarrani</p> <p align="right">11/21/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 care home policy documents not signed by legal representative for 2/6/16 admission.</p>	<p style="text-align: center;">PART 1 <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 policy document was signed when the resident was initially admitted on August 14, 2016, however, when she was admitted in the hospital and readmitted back to the Care Home, I was not aware that the policy document needed to be signed again. The policy document has already been signed and filed in the CHO binder on 1/8/17.</p>	<p style="text-align: right; font-size: 2em;">1/8/17</p> <p style="text-align: right; font-size: 1.5em;">01:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 care home policy documents not signed by legal representative for 2/6/16 admission.</p>	<p style="text-align: center;">PART 2 <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 will make sure to go over the Admission Checklist, so that every single item on the list is done or completed including the signing of the resident's policy document by the legal guardian or whoever is responsible for the resident each time he or she is readmitted to the care home.</p>	<p style="text-align: right;">11/8/18</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> PCG has completed ten (10) of twelve (12) hours of continuing education units (CEU). Please submit an additional two hours of CEU's with your plan of correction. These hours will count towards your 2016 calendar year, and not 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>I already completed the CEU but it was filed in the binder of resident #2 and also placed it in the wrong section of the binder. The certificate of completion has already been placed in the binder on 1/8/17.</p>	<p style="text-align: center;">1/8/17</p> <p style="text-align: center;">01:19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-83 (5)	<p style="text-align: center;">PART 2 <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 will make sure to place all CEU documents in one binder so it would be easier for the nurse consultant to see the documents. Or delegate it to my substitute caregiver to check all the documents.</p>	<p style="text-align: center;">01/19</p>

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

Print Name: TESSIE A. CALLO

Date: 3/1/17

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

Print Name: TESSIE A. CALLO

Date: 11/8/18