

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Cabico-Perez, Loraine</b>	<b>CHAPTER 100.1</b>
<b>Address: 1318 Alani Street, Honolulu, Hawaii 96817</b>	<b>Inspection Date: July 7, 2020 Annual</b>

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (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>FINDINGS</b> Resident #1- No documented evidence of initial tuberculosis clearance.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Went to Lamikila TB Clinic and found resident #1 hasn't had a record of a Two-step PPD skin test done. Called his previous care home operator and previous PCP, Dr. Galindo and was told a 2nd step PPD was never done not unless it was requested. The doctor's clinic offered to set up an appointment for 2nd step PPD but informed her that he's moved into my care home since May 15, 2020 and has a new PCP. Called Dr. Baalig's office and set up an appointment for July 14, 2020 for 2nd step PPD and had it read on July 17, 2020.</p>	<p style="text-align: center;">7/17/20</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><b><u>FINDINGS</u></b> Resident #1- No documented evidence of initial tuberculosis clearance.</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><i>In the future, all residents being admitted into my care home will need evidence of a Two-step PPD prior to admission into my care home and I will highlight this on my ARCH ADMISSION/RE-ADMISSION check list and on my iPhone to alert me of this reminder.</i></p>	<p><i>7/17/20</i></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><b><u>FINDINGS</u></b> Resident #2- No documented evidence of initial tuberculosis clearance.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Went to Lanikila TB Clinic and found resident #2 hasn't had a record of a Two step PPD skin test done also. Called previous case home operator and previous PCP, Dr. Galindo and was told a 2nd step PPD was never done not unless it was requested. The doctor's clinic offered to set up an appointment for 2nd step PPD but informed her that he's moved into my case home since May 15, 2020 and has a new PCP. Called Dr. Beal's office and set up an appointment for July 14, 2020 for 2 step PPD and had it read on July 17, 2020.</p>	<p>7/17/20</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><b><u>FINDINGS</u></b> Resident #2- No documented evidence of initial tuberculosis clearance.</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>In the future, all residents being admitted into my care home will need evidence of a Two-step PPD prior to admission into my care home and I will highlight this on my ARCH ADMISSION/RE-ADMISSION check list and on my iPhone to alert me of this reminder.</p>	<p style="text-align: right;">7/17/20</p>

Licensee's/Administrator's Signature: Olivia Perez

Print Name: LOLAINE PEREZ

Date: 7/24/20