

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

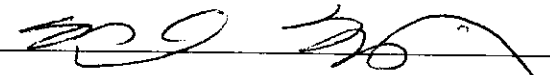
Facility's Name: Hale Olu Care Home, L.L.C.	CHAPTER 100.1
Address: 1573 Ala Lani Street, Honolulu, Hawaii 96819	Inspection Date: January 10, 2020 Annual

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

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING 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 <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> Primary Care Giver (PCG) – Unable to review annual tuberculosis clearance.</p> <p>Substitute Care Giver (SCG) – Unable to review initial tuberculosis clearance.</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>In the future, CHO will update TB screening clearance with annual physical examination. Annual PE form will have TB screening clearance attached together. Plan to keep a calendar of when annual TB screening clearances needs to be updated. Plan to schedule PE/TB clearance appointments 1 month prior to when it is due and that TB screening clearances are complete with an alarm and reminder set on my google calendar. PE/TB forms will be filled immediately to care home folder for review to ensure it has been completed, google calendar reminder 1 week after PE/TB are complete.</p> <p>In the future, all initial TB clearance showing 2 step negative PPD will always be kept in care home folder with a plastic sheet and a post it to show "do not remove".</p>	<p style="text-align: center; vertical-align: top;">2/19/20</p> <p style="text-align: center; vertical-align: bottom;">2/19/20</p>

Licensee's/Administrator's Signature:



Print Name:

SHARLENE ZAHALG

Date:

2/21/20