

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Michelle Cacayorin Adult Residential Care Home	CHAPTER 100.1
Address: 94-109 Palai Place, Waipahu, Hawaii, 96797	Inspection Date: July 27, 2023 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DH-0HCA
SITE LICENSING

AUG - 7 AM 56

	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> Substitute care giver #1: No documented 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>Yes. TB skin test placed on Aug. 2, 2023. Negative result read on Aug. 4, 2023. Now on file and readily available for review.</p>	<p style="text-align: center; vertical-align: middle;">Aug. 4 2023</p> <p style="text-align: right; vertical-align: bottom;">23 AUG -7 AM 56 STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	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>FINDINGS Substitute care giver #1: No documented evidence of annual 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 style="text-align: center;">I make sure that all documents has evidence & up to date. I will provide checklist to all documents & make sure that this document will put on my calendar & set an alarm for reminders to schedule TB clearance annually two (2) months before it expires. I will make a reminder for all my caregivers & household members.</p>	<p style="text-align: right;">Aug. 7, 2023</p> <p style="text-align: right;">23 AUG - 7 AM 56</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p>

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

Print Name: MICHELE CAAYORIN

Date: Aug. 07/2023

23 AUG - 7 AM 56
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