

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Na Ohana Pulama	CHAPTER 98
Address: 98-697 Keikialii Street, Honolulu, Hawaii 96816	Inspection Date: March 17, 2026 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.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (2) Individual records shall be kept on each resident which contain the following:</p> <p>A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;</p> <p><b><u>FINDINGS</u></b> Client #1 and #2: Tuberculosis results incomplete. Tuberculosis branch forms not signed per current Tuberculosis Branch policy.</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 style="text-align: center;">Yes, the deficiency was corrected by notifying CBR2 staff and administrators that Tuberculosis results must be signed by proper medical personnel. We have changed our forms and training guidelines to adhere to these standards. All current staff have been notified and trained on these procedures and all forms updated to include the proper requirements.</p>	<p style="text-align: center;">6/15/26</p>

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<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (2) Individual records shall be kept on each resident which contain the following:</p> <p>A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;</p> <p><b><u>FINDINGS</u></b> Client #1 and #2: Tuberculosis results incomplete. Tuberculosis branch forms not signed per current Tuberculosis Branch policy.</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 style="text-align: center;">In the future, all youth that enter the CBR2 program will be screened properly for Tuberculosis and result forms will be signed by proper medical personnel. All future staff training will include proper procedures for tuberculosis tests and test results.</p>	<p style="text-align: center;">6/15/26</p>

Licensee's/Administrator's Signature: Sarah Antone

Print Name: Sarah Antone

Date: 6/15/2026