

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Bobby Benson Center	CHAPTER 98
Address: 56-660 Kamehameha Highway, Kahuku, Hawaii 96731	Inspection Date: August 16, 2016 Annual

IMMEDIATE ADVISORY

POSTING OF DEFICIENCIES AND PLANS OF CORRECTIONS

If you fail to submit a plan of correction (POC) within ten (10) working days of receipt of your Statement of Deficiencies (SOD):
Your SOD will be posted on the Department of Health (DOH) website with the following statement:

"POC NOT RECEIVED AS OF <DATE>"

If you initially submit an unacceptable POC (UPOC), you have ten (10) working days to submit an acceptable POC. If the revised POC is still unacceptable, your SOD will be posted on the DOH website with the following statement:

"POC NOT ACCEPTABLE"

If you initially submit an unacceptable POC (UPOC), but you fail to submit a revised POC, your SOD will be posted on the DOH website with the following statement:

"POC NOT ACCEPTABLE"

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Cottage #1, Bedroom A/C ceiling vent covers missing.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Purchase vent covers and install.</i></p>	<p><i>10/21</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-98-14 (c)</p> <p>Cottage #1, Bedroom A/C ceiling vent covers missing.</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> <ol style="list-style-type: none"> 1. Cabin rules are given to residents. 2. Residents assigned to a bedroom are responsible if A/C cover is removed/damaged. 3. During cabin searches staff will take note if A/C cover is missing. 4. Resident is given a restorative task. 	<p style="text-align: center;">10/21</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Cottage #1, Bedroom window screens missing and torn.</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 style="text-align: center;"><i>Screens and frames purchased to make screens to replace missing and torn screens.</i></p>	<p>10/14</p>

Rules (Criteria)	Plan of Correction	Completion Date
<p>RULE # §11-98-14 (c)</p> <p>Cottage #1, Bedroom window screens missing and torn.</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> <ol style="list-style-type: none"> 1. Encourage residents not to remove or damage screens. 2. Weekly cabin search to ensure all screens are good. 3. Restorative task if screens are missing or damaged. 	<p style="text-align: center;">10/14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Cottage #1, Bedroom #1 closet light not working.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Purchase new light -</i></p>	<p><i>10/14</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-98-14 (c)</p> <p>Cottage #1, Bedroom #1 closet light not working.</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> <ol style="list-style-type: none"> 1. Ensure lights are all in good working order during facility walk through. 2. Encourage resident to report to staff if any lights in their room is not working. 	<p style="text-align: center;">10/14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Cottage #1, Bedroom #3 ceiling panel near closet has 4" wide gap.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Purchase panel and cut to correct size so it will fit in the gap.</p>	<p>10/14</p>

Rules (Criteria)	Plan of Correction	Completion Date
<p>RULE # §11-98-14 (c)</p> <p>Cottage #1, Bedroom #3 ceiling panel near closet has 4" wide gap.</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>1. Weekly facility checks by Operations.</p> <p>2. Staff in cabin report to Operations if they notice it first.</p>	<p style="text-align: center;">10/14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Cottage #1, Bedroom #3 bathroom wall near sink has paint peeling off.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>1. Purchase paint. Maintenance will scrape and clean area to be painted.</p> <p>2. Paint area.</p>	<p>10/14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-98-14 (c)</p> <p>Cottage #1, Bedroom #3 bathroom wall near sink has paint peeling off.</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>1. Check to make sure bathroom is up to OTCIA standards.</p> <p>2. Cabin staff report to Operations.</p> <p>3. Weekly facility inspection.</p>	<p>10/14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Cottage #3, Bedroom AC vent covers missing.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Purchase and install A/C vent covers.</i></p>	<p><i>10/21</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Cottage #3, Bedroom AC vent covers missing.</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> <ol style="list-style-type: none"> 1. Staff check during cabin walk through to ensure AC vent cover is present. 2. Remind residents assigned to room not to remove AC vent cover. 	<p style="text-align: right;">10/21</p>

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<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Cottage #3, Bedroom #1 wall switch cover has chip.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Purchase and replace chipped switch cover.</i></p>	<p>9/25</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-98-14 (c)</p> <p>Cottage #3, Bedroom #1 wall switch cover has chip.</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> <ol style="list-style-type: none"> 1. Ensure all switch covers are checked during weekly facility inspection. 2. Ask residents to let staff know if they notice any switch covers that are chipped. 	<p style="text-align: center;">9/25</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-98-14 (c)</p> <p>Cottage #3, Bedroom #1 smoke detector missing.</p>	<p align="center"><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> <ol style="list-style-type: none"> 1. Revise cabin rules with residents in regards to non-removal of smoke detectors. 2. Check for smoke detectors during weekly facility inspection. 	<p align="center">9/25</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
	<p>RULE # §11-98-14 (c)</p> <p>Cottage #3, Bedroom #1 ceiling light fixture cover is cracked</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> <ol style="list-style-type: none"> 1. Check for any light fixtures that may be cracked. 2. cabin staff notify operations if they notice any cracked light fixture covers. 3. Weekly facility inspection. 	<p style="text-align: center;">9/25</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Common men's Bathroom, hand washing sink soap dispenser not functioning.</p>	<p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Repair or purchase new soap dispenser (if necessary). Install working soap dispenser.</i></p>	<p><i>10/14</i></p>

Rules (Criteria)	Plan of Correction	Completion Date
<p>RULE # §11-98-14 (c)</p> <p>Common men's Bathroom, hand washing sink soap dispenser not functioning.</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>1. <i>Weekly facility inspection.</i></p>	<p style="text-align: center;"><i>10/14</i></p>

Licensee's/Administrator's Signature: *A Harris*

Print Name: ADNEY HARRIS

Date: 9/26/16

Licensee's/Administrator's Signature: *Natalie Lobendahn*

Print Name: Natalie Lobendahn

Date: 10/13/16

Licensee's/Administrator's Signature: *Natalie Lobendahn*

Print Name: Natalie Lobendahn

Date: 10/21/16