

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b>  Hina Mauka	<b>CHAPTER 98</b>
<b>Address:</b>  45-845 Pookela Street, Kaneohe, Hawaii 96744	<b>Inspection Date:</b>  September 20, 2016 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.**

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure; personnel.</u> (e)  There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.</p> <p><b><u>FINDINGS</u></b>  Staff #1 no evidence of annual tuberculin skin test or chest x-ray.</p>	<p style="text-align: center;"><b>PART 1</b>  <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>This was an oversight by Hina Mauka.</p> <p>Deficiency has been corrected. Staff #1 has a chest x-ray dated 12/15/2014. At the time of hire, 12/1/2015, the certificate fulfills TB clearance requirements per HAR Title 11, Chapter 164, Department of Health, August 2001.</p> <p>Staff #1 completed the Infectious Clearance Screening for TB compliance as per HAR Title 11, Chapter 164-10 Health Care Facilities Exhibit A (see attachment #1 DOH TB Test Results &amp; attachment #2 Hina Mauka Infectious Clearance Questionnaire and Infectious Clearance Form)</p>	<p>10/20/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-98-11 (e)	<p style="text-align: center;"><b>PART 2</b> <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>Going forward we will follow our policies on TB and Infectious Clearance for all employees. Hina Mauka's HR department monitors TB and Infectious Clearance monthly and sends electronic reminders to employees and their supervisors regarding expiration and renewal of TB &amp; Infectious Clearance.</p>	Ongoing

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure: personnel.</u> (e)  There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.</p> <p><b><u>FINDINGS</u></b>  Staff #2 no evidence of annual physical examination.</p>	<p style="text-align: center;"><b>PART 1</b>  <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>This was an oversight.</p> <p>Deficiency has been corrected. Staff #2 has a pre-employment physical dated 8/27/2015.</p> <p>Staff #2 recently completed a physical examination on October 26, 2016</p> <p>Please see attachment #3.</p>	10/26/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<b>RULE # §11-98-11 (e)</b>	<p style="text-align: center;"><b>PART 2</b> <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>Going forward we will follow our policies on pre-hire and annual physical for all employees. Hina Mauka's HR department will monitor annual physical exams monthly and send electronic reminders to employees and their supervisors regarding expiration and renewal of annual physical exams.</p>	<p>Ongoing</p>

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Room      urine smell from the bathroom.</p>	<p style="text-align: center;"><b>PART 1</b> <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>We had the clients in Rm do a extensive re cleaning of their bathroom which included sanitizing the floors and the walls surrounding the toilet, as well as sanitizing the base, back and bowl of the toilet,</p>	10/22/2016

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-98-14 (c)	<p style="text-align: center;"><b>PART 2</b> <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>General Cleaning is done every Saturday, this includes the clients cleaning their rooms, and their shared bathroom.</p> <p>We will start implementing that the Treatment Associates must do a walk thru/inspection of the clients rooms and bathrooms to ensure that they were cleaned properly.</p>	Ongiong

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Room       punched hole on the wall above one of the beds.</p>	<p style="text-align: center;"><b>PART 1</b> <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>We had the Facilities worker go and patch up the hole. Once it was dried we also had go and repaint the wall.</p>	10/03/2016

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-98-14 (c)	<p style="text-align: center;"><b>PART 2</b> <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>Although we cannot ensure that the client will not punch future holes in Hina Mauka property, we will constantly remind clients about alternative ways to deal with anger. We will remind all staff that if they see any damages to HM property that they need to immediately report these damages to Facilities to ensure that they are fixed in a timely manner. We will also implement a more timely schedule for fixing holes and or damages to HM property.</p>	Ongiong

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Room fan grill is dusty.</p>	<p style="text-align: center;"><b>PART 1</b> <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>General Cleaning is done every Saturday, this includes the clients cleaning their rooms, and their shared bathroom.</p>	10/22/2016

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<b>RULE # §11-98-14 (c)</b>	<p style="text-align: center;"><b>PART 2</b> <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>General Cleaning is done every Saturday, this includes the clients cleaning their rooms, and their shared bathroom.</p> <p>We will start implementing that the Treatment Associates must do a walk thru/inspection of the clients rooms and bathrooms to ensure that they were cleaned properly.</p> <p>If the Clients cannot or will not clean their personal property including their fans then we will pull these items out of their rooms and turn it into facilities to hold until they are discharged from residential.</p>	<p style="text-align: center;">Ongoing</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><b><u>FINDINGS</u></b> Room        standing fan has missing fan grill.</p>	<p style="text-align: center;"><b>PART 1</b> <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>We removed this fan from the clients room due to a missing fan grill</p> <p style="text-align: center;">The fan is being locked up in the Facilities Office.</p>	<p>10/18/2016</p>

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	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> A number of bedroom window screens are dusty.</p>	<p align="center"><b>PART 1</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>We had the clients clean the window screens during General Cleaning on Saturday.</p> <p>All screens are now cleaned and any loose and or torn screens are repaired and or replaced.</p>	<p align="center">10/22/2016</p>

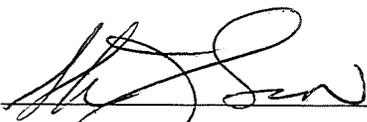
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<input checked="" type="checkbox"/>	<b>RULE # §11-98-14 (c)</b>	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>General Cleaning is done every Saturday, this includes the clients cleaning their rooms, and their shared bathroom.</p> <p>We have added the cleaning of the screens to the General Cleaning chore list and we will have the Treatment Associates must do a walk thru/inspection of the facility do ensure that these chores are getting done properly.</p>	<p>Ongoing</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><b><u>FINDINGS</u></b> Library window has torn and loose screens.</p>	<p style="text-align: center;"><b>PART 1</b> <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>Our Facilities Worker was working on replacing those screens at the time of visit so they were not finished yet. We have finished replacing the screens and they are no longer torn.</p>	10/20/2016

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<input checked="" type="checkbox"/>	RULE # §11-98-14 (c)	<p style="text-align: center;"><b>PART 2</b> <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>We will have the Facilities Worker go up weekly and check all the screens to ensure that they are not torn or loose.</p> <p>We will remind all supervisors to inform/remind their employees that if they see any damages to HM property including walls, doors, carpet that they will immediately report these damages to Facilities to ensure that they are corrected properly and in a timely manner.</p>	Ongoing

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Ground floor storage room has a punched hole in the door.</p>	<p style="text-align: center;"><b>PART 1</b> <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: right;">(Facilities Supervisor)</p> <p>also the one who escorted ED the OCHA surveyor around the property went thru the entire ground floor of the property and looked at all the Doors including counselors offices to try and find the door with the hole in it. We searched the entire ground floor of the facility and could not locate any door with a hole punched in the door. Called Justin Lam to get more information regarding which door and or area of the facility this door was located in and upon returning my call after consulting Ed - they could not give me a specific area. We will continue to look around but at this time we could not locate any door on the ground floor with a hole punched into it.</p>	<p>10/24/2016</p>

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Licensee's/Administrator's Signature:   
Print Name: Alan Johnson  
Date: 10/25/2016