

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Likini Licensed Crisis Residential Services	<b>CHAPTER 98</b>
<b>Address:</b> 5165 Likini Street, Honolulu, Hawaii 96818	<b>Inspection Date:</b> November 16, 2016 Annual (on-site visit) ; December 20, 2016 (Food Establishment Inspection)

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>§11-98-12 <u>Minimum standards for licensure: services.</u> (1) Individual records shall be kept on each resident which contain the following:</p> <p>Within twenty-one days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file;</p> <p><u>FINDINGS</u> Resident #1 no evidence of annual physical exam.</p>	<p><b>PART 1</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Copy of physical exam obtained 11/17/16 from consumers guardian.</p>	<p>11/17/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-98-12 (1)	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></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>Both nursing staff and residential crisis managers were retrained during individual supervision and December staff meeting. Staff will work with PCP and/or treatment team to obtain prior to 21 days.</p>	12/7/16

	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> Bedroom #5: Electric fan shields are dusty.</p>	<p><b>PART 1</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Maintenance was notified and fans cleaned next day.</p>	<p>12/21/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-98-14 (c)</p> <p><u>FINDINGS</u> Bedroom #5; Electric fan shields are dusty.</p>	<p><u>PART 2</u> <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>maintenance will check fans bi-weekly and clean when dusty.</p>	<p>12/21/16</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> Bedroom #5: Window screen frame is bent.</p>	<p><b>PART 1</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Work order was completed and screen replaced by maintenance.</p>	<p>12/23/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-98-14 (c)</p> <p><u>FINDINGS</u> Bedroom #5: Window screen frame is bent.</p>	<p><b>PART 2 FUTURE PLAN</b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Staff check rooms daily for damage and were reminded to complete work orders immediately. Discussed in supervision and during staff meeting. Maintenance will also check windows each time on-site.</p>	<p>1/11/17</p>

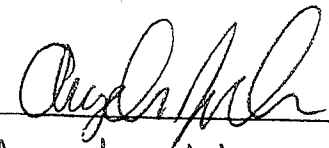
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Flies in kitchen and on patio.</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>non toxic fly trap paper was placed out of consumer reach in kitchen and patio.</p> <hr/> <p>Request made to install screen door at back door.</p>	<p style="text-align: center;">12/21/16</p> <hr/> <p style="text-align: center;">1/23/17</p>



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-98-14 (c)</p> <p><u>FINDINGS</u> Flies in kitchen and on patio.</p>	<p><u>PART 2</u> <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Screen door will be installed at back door.</p> <p>non toxic fly traps will be used on patio and in kitchen as needed.</p>	<p>2/1/17</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> Garbage can on patio has no cover.</p>	<p><b>PART I</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Garbage can was removed and new garbage can with cover was purchased</p>	<p>12/21/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-98-14 (c)</p> <p><u>FINDINGS</u> Garbage can on patio has no cover.</p>	<p><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>All staff reminded that all trash cans must have lids and step open feature must be working. Staff will check daily and notify team leader right away if replacement is needed.</p>	<p>1/11/17</p>

Licensee's/Administrator's Signature:   
Print Name: Angela Johnson  
Date: 1/23/17