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Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pearl City Specialized Residential Services Population	CHAPTER 98
Address: 1668 Hoohulu Street, Pearl City, Hawaii 96782	Inspection Date: October 14, 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><u>FINDINGS</u> Staff #1 no evidence of pre-employment physical exam.</p>	<p style="text-align: center;">PART 1 <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>Staff #1 was requested to provide documentation of pre-employment physical physical exam.</p>	<p style="text-align: center;">11/3/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-98-11 (e)	<p style="text-align: center;">PART 2 <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>Upon initial hire residential Program Director will assure that all initial contactual credentials are completed and submitted prior to their start date. All annual credentials there after will be monitored by residential program assistant.</p>	<p style="text-align: center;">11/3/16</p>

Te	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>FINDINGS Kitchen garbage can lid is broken.</p>	<p style="text-align: center;">PART 1 <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>Kitchen Trash can was replaced</p>	<p style="text-align: center;">11/3/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-98-14 (c)</p> <p><u>FINDINGS</u> Kitchen garbage can lid is broken.</p>	<p style="text-align: center;">PART 2 <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>Staff will submit a work order to Care Hawaii Health & Safety Mgr. and Program Director to replace trash can as soon as it is apparent it is damaged. Additionally, daily functional checks will be done during the evening/NOC shift and will be documented in daily shift log.</p>	<p style="text-align: center;">11/25/16</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 lights insufficient brightness for reading.</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>Care Hawaii Health & Safety Mgr. and Program Director are currently in the process of purchasing and installing additional lights in bedrooms #1,#2,#3 to provide sufficient lighting for reading. Additionally, Program Director will conduct a quarterly on-site inspection of physical facility in order to insure SRSP is in compliance with all required health and safety codes.</p>	11/25/16

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-98-14 <u>Physical facility.</u> (c)</p> <p><u>FINDINGS</u> Bedroom lights insufficient brightness for reading.</p>	<p align="center">PART 2 <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> <p>Care Hawaii Health & Safety Mgr. and Program Director will conduct a quarterly on-site inspection of physical facility in order to ensure SRSP is in compliance with all required health and safety codes.</p>	<p align="center">11/25/16</p>

Licensee's/Administrator's Signature: Kalei Chandler-AhSing Clinical Supervisor LMHC

Print Name: Kalei Chandler-AhSing

Date: 11/04/16