

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Salvation Army Addiction Treatment Services	CHAPTER 98
Address: 3624 Waokanaka Street, Honolulu, Hawaii 96817	Inspection Date: December 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>§11-98-06 Disaster preparedness. (a)(4) The facility shall have a written plan for staff and residents to follow in case of fire, explosion, or other emergency. The plan shall be posted in conspicuous places throughout the facility. This plan shall include, but not be limited to:</p> <p>A quarterly drill schedule.</p> <p><u>FINDINGS</u> No fire drill conducted in third quarter of 2016.</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 style="text-align: center;"><i>WE ARE UNABLE TO CORRECT THIS DEFICIENCY. THIS WAS AN UNINTENTIONAL FAILURE TO COMPLETE A FIRE DRILL IN THE THIRD QUARTER OF 2016.</i></p>	<p style="text-align: center;"><i>N/A</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-98-06 (a)(4)	<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 style="text-align: center;">THE DIRECTOR OF ADMINISTRATIVE SERVICES MET WITH THE MAINTENANCE SUPERVISOR ON 2/22/17 TO SET UP A 2017 SCHEDULE FOR UNANNOUNCED FIRE DRILLS FOR THE ATS FACILITY TO ENSURE FIRE DRILLS ARE COMPLETED QUARTERLY.</p>	<p style="text-align: center;">2/22/17</p>

	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 or annual 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 style="text-align: center;"><i>STAFF #1 PHYSICAL EXAM WAS COMPLETED ON 1/14/17.</i></p>	<p style="text-align: center;"><i>1/14/17</i></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>THE ADMINISTRATIVE SECRETARY TO UTILIZE THE "NEW HIRE CHECKLIST" FORM TO ENSURE THAT ALL ITEMS, INCLUDING THE PRE-EMPLOYMENT PHYSICAL EXAM FORM, IS COMPLETED PRIOR TO THE NEW HIRE'S START DATE.</p> <p>THE DIRECTOR OF ADMINISTRATIVE SERVICES AND ADMINISTRATIVE SECRETARY TO CONDUCT BI-ANNUAL AUDIT OF PERSONNEL FILES TO ENSURE ANNUAL PHYSICAL EXAMS ARE COMPLETED.</p>	<p>PRIOR TO EACH HIRE DATE.</p> <p>MARCH 2017 SEPTEMBER 2017</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>FINDINGS Men's dorm room 106B: Wall paint is peeling.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>MAINTENANCE SUPERVISOR TO SCRAPE AND REMOVE THE PEELING/CHIPPED PAINT, ADD PRIMER, AND PUT A COAT OF PAINT ON AREA.</i></p>	<p><i>2/23/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-98-14 (c)</p> <p>FINDINGS Men's dorm room 106B: Wall paint is peeling.</p>	<p>PART 2 <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 SUPERVISOR TO MEET WITH HIS DEPARTMENT STAFF TO REMIND THEM TO REPORT ANY PAINT PEELING OFF THE WALL TO THE MAINTENANCE SUPERVISOR IMMEDIATELY.</p> <p>MAINTENANCE SUPERVISOR TO COMPLETE A FACILITY/BUILDING INSPECTION EVERY OTHER MONTH AND IDENTIFY AND REPAIR ANY ITEMS FOUND NOT UP TO THE STATE SAFETY AND HEALTH CODES.</p>	<p>BY 3/3/17</p> <p>MARCH 2017</p> <p>MAY 2017</p> <p>JULY 2017</p> <p>SEPT. 2017</p> <p>NOV. 2017</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> Men's dorm room 204B: One (1) ceiling lamp is not working.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>REPLACED LIGHT BULB ON THE CEILING LAMP IN ROOM 204B.</p>	<p>12/20/16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-98-14 (c)</p> <p>FINDINGS Men's dorm room 204B: One (1) ceiling lamp is not working.</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>MAINTENANCE SUPERVISOR TO MEET WITH HIS DEPARTMENT STAFF TO REMIND THEM TO REPORT ANY LIGHT BULBS NOT WORKING TO THE MAINTENANCE SUPERVISOR IMMEDIATELY.</p> <p>MAINTENANCE SUPERVISOR TO COMPLETE A FACILITY/BUILDING INSPECTION EVERY OTHER MONTH AND IDENTIFY AND REPAIR ANY ITEMS FOUND NOT UP TO THE STATE SAFETY AND HEALTH CODES.</p>	<p>BY 3/3/17</p> <p>MARCH 2017</p> <p>MAY 2017</p> <p>JULY 2017</p> <p>SEPT. 2017</p> <p>NOV. 2017</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> Men's dorm room 204B: Ceiling light fixture is dirty.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>MAINTENANCE SUPERVISOR REMOVED THE LIGHT FIXTURE, CLEANED THE COVER, AND REPLACED IT.</i></p>	<p><i>12/20/16</i></p> <p><i>12:13</i></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> Men's dorm room 209B: Wall paint is peeling.</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 style="text-align: center;">MAINTENANCE SUPERVISOR TO SCRAPE OFF THE PEELING/CHIPPED PAINT, ADD PRIMER, AND ADD A COAT OF PAINT ON THE AREA.</p>	<p style="text-align: center;">3/1/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-98-14 (c)</p> <p><u>FINDINGS</u> Men's dorm room 209B: Wall paint is peeling.</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>MAINTENANCE SUPERVISOR TO MEET WITH HIS DEPARTMENT STAFF TO RETRAIN THEM TO REPORT ANY PAINT PEELING OFF THE WALL TO THE MAINTENANCE SUPERVISOR IMMEDIATELY.</p> <p>MAINTENANCE SUPERVISOR TO COMPLETE A FACILITY/BUILDING INSPECTION EVERY OTHER MONTH AND IDENTIFY AND REPAIR ANY ITEMS NOT MEETING STATE SAFETY AND HEALTH CODE STANDARDS.</p>	<p align="center">BY 3/3/17</p> <p>MARCH 2017 MAY 2017 JULY 2017 SEPT. 2017 NOV. 2017</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> Detox room 204A: Wall paint peeling.</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 style="text-align: center;">MAINTENANCE SUPERVISOR TO SCRAPE OFF THE PEELING/CHIPPING PAINT IN ROOM 204A, ADD PRIMER, AND ADD A COAT OF PAINT TO THE AREA.</p>	<p style="text-align: center;">3/1/17</p>

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<input checked="" type="checkbox"/>	<p>RULE # §11-98-14 (c)</p> <p><u>FINDINGS</u> Detox room 204A: Wall paint peeling.</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>MAINTENANCE SUPERVISOR TO MEET WITH HIS DEPARTMENT STAFF TO REMIND THEM TO REPORT ANY PAINT PEELING OFF THE WALL TO THE MAINTENANCE SUPERVISOR IMMEDIATELY.</p> <p>MAINTENANCE SUPERVISOR TO COMPLETE A FACILITY/BUILDING INSPECTION EVERY OTHER MONTH AND IDENTIFY AND REPAIR ANY ITEMS FOUND NOT UP TO STATE SAFETY AND HEALTH CODES.</p>	<p>BY 3/3/17</p> <p>MARCH 2017</p> <p>MAY 2017</p> <p>JULY 2017</p> <p>SEPT. 2017</p> <p>NOV. 2017</p>

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<input checked="" type="checkbox"/>	<p>RULE # §11-98-14 (c)</p> <p><u>FINDINGS</u> Detox room 215A: Wall paint peeling.</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>MAINTENANCE SUPERVISOR TO MEET WITH HIS STAFF AND REMIND STAFF TO REPORT ANY POINT PEELING OFF THE WALL TO THE MAINTENANCE SUPERVISOR IMMEDIATELY.</p> <p>MAINTENANCE SUPERVISOR TO COMPLETE A FACILITY/BUILDING INSPECTION EVERY OTHER MONTH AND IDENTIFY AND REPAIR ANY ITEMS FOUND THAT ARE NOT UP TO THE STATE SAFETY AND HEALTH CODES.</p>	<p align="center">3/1/17</p> <p align="center">MARCH 2017</p> <p align="center">MAY 2017</p> <p align="center">JULY 2017</p> <p align="center">SEPT. 2017</p> <p align="center">NOV. 2017</p>

Licensee's/Administrator's Signature: Ray Osei

Print Name: RAY OSEI

Date: 2/24/17

Dr. A. L. L. L.

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