

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha House, Inc.	CHAPTER 98
Address: 4593 Ike Drive, Makawao, Maui, 96768	Inspection Date: February 3, 2017 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 annual tuberculin skin test or chest x-ray.</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><i>Staff person #1 received a pre-employment 2-step TB completing on 12-3-15. She had a followup TB on 6-27-16 a bit early for an annual but within the year and is not due till 6-17. documentation attached.</i></p>	<p><i>12-3-15 and 6-27-16.</i></p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-98-11 (e)</p> <p style="text-align: right;">E.C.</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><i>Human Resources maintains a data base of all employees to track due dates for annual TB. The employee is provided a reminder and if they fail to comply are suspended from employment until such time as they do comply.</i></p>	<p style="text-align: right;"><i>on-going</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (2) Individual records shall be kept on each resident which contain the following:</p> <p>A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;</p> <p><u>FINDINGS</u> Resident #1, no evidence of tuberculin skin test or chest x-ray.</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><i>Resident #1 received a 2 step TB on 6-8-16 and 1-1-17. as evidenced by our TB log (attached). However, the documentation was not placed in the chart</i></p>	<p style="text-align: center;">1-1-17.</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-98-12 (2)	<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> <i>Procedure was changed so that only RB's file TB documentation in chart files to ensure documentata is present.</i> </p>	<p style="text-align: center;">2-27-17</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> Hawaii Dormitory: Bathroom #1: Sink edge has rough edges. Plaster filler is coming off.</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>plaster filling was replaced with epoxy and sanded to remove any rough edges.</i></p>	<p style="text-align: center;"><i>2-12-17.</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-98-14 (c)</p> <p><u>FINDINGS</u> Hawaii Dormitory: Bathroom #1: Sink edge has rough edges. Plaster filler is coming off.</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><i>Facility manager will check sink weekly to ensure that repair is intact.</i></p>	<p><i>2-13-17 and on- going</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> Hawaii Dormitory: Bathroom #2: Bathroom door knob 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 style="text-align: center;"><i>Door Knob was replaced.</i></p>	<p style="text-align: center;"><i>2-12-17</i></p>

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<input checked="" type="checkbox"/>	<p>RULE # §11-98-14 (c)</p> <p><u>FINDINGS</u> Hawaii Dormitory: Bathroom #2: Bathroom door knob is broken.</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><i>Facility manager will make monthly checks to ensure that all door knobs are intact and working properly</i></p>	<p><i>2-12-17 and on-going</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> Hawaii Dormitory: Bathroom #3: Show curtain is moldy.</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>Shower curtain was replaced.</i></p>	<p style="text-align: center;"><i>2-12-17.</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> Kauai Dormitory: Bathroom #2: Shower curtain is moldy.</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>Shower Curtain replaced.</i></p>	<p style="text-align: center;"><i>2-12-17.</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-98-14 (c)</p> <p>FINDINGS Kauai Dormitory: Bathroom #2: Shower curtain is moldy.</p> <p style="text-align: right;">MARCH 10 2017</p> <p style="text-align: right;">E.C.</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>Facility manager will make monthly checks to ensure that all shower curtains are functional and free of mold.</p>	<p style="text-align: right;">2-13-17 and on going</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> Kauai Dormitory: Bathroom #2: Urine smell.</p> <p style="text-align: center;">DEPARTMENT OF HEALTH</p> <p style="text-align: center;">30</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>Program staff with ensured that client assigned mopped the bathroom.</i></p>	<p style="text-align: center;"><i>2-12-17.</i></p>

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<input checked="" type="checkbox"/>	<p>RULE # §11-98-14 (c)</p> <p><u>FINDINGS</u> Kauai Dormitory: Bathroom #2: Urine smell.</p> <p style="text-align: right;">INVESTIGATION 10</p> <p style="text-align: right;">30</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 style="text-align: center;"><i>Program staff will ensure that all bathrooms are mopped daily by the assigned staff.</i></p>	<p style="text-align: center;"><i>2-15-17 and ongoing</i></p>

Licensee's/Administrator's Signature: 

Print Name: Daryl Solomon

Date: 4-3-17

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