

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Palma Nova (DDDH)	CHAPTER 89
Address: 91-1276 Hoopio Street, Ewa Beach, Hawaii 96706	Inspection Date: December 13, 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.

RECEIVED
17 JAN 13 09:38
STATE OF HAWAII
DEPARTMENT OF HEALTH
LICENSING DIVISION

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-9 <u>General staff health requirements.</u> (a)(2) All individuals living in the facility including those who provide services directly to residents shall have documented evidence that they have had examination by a physician prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.</p> <p>If a tuberculin skin test is positive, a standard chest x-ray and appropriate medical follow-up shall be obtained. A satisfactory chest x-ray shall be required yearly thereafter for three successive years.</p> <p>FINDINGS For Caregiver #1, and Household Members #1 and #2, verification of a positive TB skin test and a negative chest x-ray thereafter was not available for review.</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><i>Deficiency was corrected on → Dec. 27, 2016</i></p> <p><i>Verifications of Positive TB Skin Test are hereby enclosed for Caregiver #1, Household Member #1 and Household Member #2 and negative chest x-rays for Caregiver #1, Household member #1, and Household member #2 are also enclosed. All documents collected at the TB Clearance Center in Honolulu, Hawaii.</i></p>	<p style="text-align: right;"><i>Dec. 27, 2016</i></p> <p style="text-align: right;">17 JAN 13 09:38</p> <p style="text-align: right;">RECEIVED</p> <p style="text-align: right;">STENOGRAPHY</p> <p style="text-align: right;">DUFF C. JOA L. BERNARD</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-89-9(a)(2)</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>Besides the substitute caregiver and responsible adult review all medical requirements re: TB, Annual Physical, First Aid and CPR for all staff and family members at least once a week, the administrator herself will also review, ensure and inspect that all staff requirements are current at least once a month re: TB, Annual PE, First Aid and CPR. All documents filed in a separate colored folder for inspection.</i></p>	<p><i>Dec. 20, 2016</i></p>

12/13/16 19:25

Donna L. Linton

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (1)(2) Doors:</p> <p>All door openings through which wheelchairs or walkers must pass shall be at least thirty-six inches in clear width measured from the face of the door to the door stop when opened at ninety degrees;</p> <p><u>FINDINGS</u> Bedroom #6 has a sofa blocking the entrance to the room, limiting the clearance to about 12 inches. The bedroom is licensed for an ambulatory resident.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>The deficiency was corrected on → Dec. 14, 2016 All the furnitures in bedroom #6 were re-arranged and the sofa blocking the entrance door in the room was moved away from the door to make the entrance 36 inches as per 11-89-12.</i></p>	<p>17 JAN 13 09:38</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-89-12(1)(2)</p> <p>11-89-12 19:25 Denise A. Johnson</p>	<p>PART 2</p> <p><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>Besides the substitute caregiver or responsible adult inspect bedrooms and doors when a furniture is purchased to comply with the structural requirements and safety as per 11-89-12, the administrator herself will review, check, and re-arrange the furniture in the residents' room before a bedroom furniture is purchased using a measuring tape to comply the safety requirement of an entrance of 36 inches. Do this check 100% if a furniture is purchased for a client's room.</p>	<p>Dec. 20, 2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(5) General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p>FINDINGS For Resident #1, the Individualized Service Plan of December 15, 2015 notes to refer to the Positive Behavior Support Plan; however, a copy was not on file.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>This deficiency was corrected on Nov Dec. 16, 2016, where copy of the Behavior Support Plan was requested from CMUS. The PBS is now on file on chart for Resident #1.</i></p>	<p>ST 13 OF 11 11:38 AM DANIELA LUCAS</p> <p>17 JAN 13 09:38</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE #11-89-18(e)(5)</p> <p>09:25</p> <p>Donna L. Lively</p>	<p>PART 2</p> <p><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>Besides the substitute caregiver not responsible adult inspecting and reviewing all records from a case manager, the administrator herself should also read, review and inspect documents submitted by a case manager including the ISP contents, references, Behavior Support Plan & medical requirements and orders to make sure copies are on file and current and discuss problems with the case manager promptly before admission.</p>	<p>Dec. 20, 2016</p>

Licensee's/Administrator's Signature: Marilyn S. Llanos

Print Name: MARILYN S. LLANOS

Date: Jan. 13, 2017

Licensee's/Administrator's Signature: Marilyn S. Llanos

Print Name: MARILYN S. LLANOS

Date: FEB. 23, 2017

STATE OF MICHIGAN
DEPARTMENT OF LICENSING
17 JAN 13 AM 9:38