

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: E Ho'oulu Hou Program Elua Facility</b>	<b>CHAPTER 98</b>
<b>Address: 2848 Park Street, Honolulu, Hawaii 96817</b>	<b>Inspection Date: January 4, 2017 Annual</b>

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

Department of Education

17 01 2017 10:35

	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><b><u>FINDINGS</u></b>            Staff #1 no pre-employment physical on record.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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 style="text-align: center;">↑            This POC is  <b>ACCEPTABLE</b></p> <p style="text-align: center;"><b>Submit only Future Plan</b></p>	



RULE #11-98-11(e)

**PART 2**

**FUTURE PLAN**

**USE THIS SPACE TO EXPLAIN YOUR  
FUTURE PLAN: WHAT WILL YOU DO TO  
ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

Catholic Charities Hawaii tracks all the licensing and credentialing requirements on an excel spreadsheet. Once all requirements have been met, the administrative staff will send an email to the program scheduler informing her that the staff person is approved to start working with the clients. Until *all* requirements are met, the staff person will not be allowed to work with the clients.

DIAGNOSTIC LIT

17

36



§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.

FINDINGS

No digital food thermometer.

PART 1

DID YOU CORRECT THE DEFICIENCY?

USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY

A <sup>new</sup> digital food thermometer was purchased on the day of the inspection after staff were unable to locate it during the inspection.

1/4/17

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RULE #11-98-14(c)

FINDINGS

No digital food thermometer.

PART 2

FUTURE PLAN

USE THIS SPACE TO EXPLAIN YOUR  
FUTURE PLAN: WHAT WILL YOU DO TO  
ENSURE THAT IT DOESN'T HAPPEN AGAIN?

Checking to see if the digital  
food thermometer is present  
and working is included on  
our Risk Management Safety  
checklist (attached.) Staff are  
reminded to use the food  
thermometer consistently.

*ongoing*

110:35



§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.

**FINDINGS**

"Performance" bleach used for washing dishes.

**PART 1**

**DID YOU CORRECT THE DEFICIENCY?**

**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**

The "Performance" bleach was replaced with regular bleach after the error was pointed out on the day of the inspection.

1/4/2017

10:35



RULE #11-98-14(c)

**FINDINGS**

"Performance" bleach used for washing dishes.

**PART 2**

**FUTURE PLAN**

**USE THIS SPACE TO EXPLAIN YOUR  
FUTURE PLAN: WHAT WILL YOU DO TO  
ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

The staff responsible for shopping  
for the home have been informed  
about the correct type of  
bleach to purchase and use.

1/4/17  
and  
ongoing.

1/10/35

Licensee's/Administrator's Signature: SRL J

Print Name: Sarah Rogers, LCSW / Program Director

Date: 3/22/17

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Licensee's/Administrator's Signature: SRL J, LCSW

Print Name: Sarah Rogers

Date: 7/13/17

10:35