

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: C.A.R.E. Cottage – Hilo	CHAPTER 98
Address: 100-A Apoke Street, Hilo, Hawaii 96720	Inspection Date: April 4, 2017 Annual April 21, 2017 Sanitation

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> Employee #1, no current tuberculosis (TB) skin test. (Last TB skin test: 12-23-15 (negative)).</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>Proof of current PPD received on 04/05/17 from Employee #1, dated 02/27/17, negative.</p>	<p style="text-align: center;">4/5/17</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>FINDINGS Employee #1, no current tuberculosis (TB) skin test. (Last TB skin test: 12-23-15 (negative)).</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>Current Staff reviewed on 4/24/17 for current TB test issues by PA. PA to review status of TB tests monthly, and inform staff verbally of need for testing. Credentialing needs to be reviewed at each LCRS team meeting, monthly, prior to expiration. To be monitored by Nursing Supervisor monthly</p>	<p style="text-align: center;">4/24/17</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> Bedroom #1 – Window screen detached.</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>Maintenance notified and screen in Bedroom 1 re-attached.</p>	<p>4/21/17</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> Bedroom #1 – Window screen detached.</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>Maintenance staff to check screens weekly and repair or obtain repair any issues as they arise. Team Lead to be notified immediate and work order obtained for replacement screens.</p>	<p>5/1/17</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> Bedroom #2 – Ceiling light not bright enough 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>Maintenance staff notified and ceiling light in bedroom #2, light bulb changed.</p>	<p style="text-align: center;">4/21/17</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> Bedroom #2 – Ceiling light not bright enough for reading.</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>Maintenance to check rooms weekly for bulb brightness, and to change bulbs as necessary.</p>	<p>5/1/17</p>

Licensee's/Administrator's Signature:

A handwritten signature in black ink, appearing to be "Steve [unclear]", written over a horizontal line.

Print Name:

The name "Steve [unclear]" written in cursive over a horizontal line.

Date:

12/20/17