

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: : Hawaii State Hospital State Operated Specialized Residential Program | CHAPTER 98 |
| Address: 45-710 Kealahala Road, Kaneohe, Hawaii 96744 | Inspection Date: October 31, 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.

STATE OF HAWAII

18 JAN -2 P12:24

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-98-10 <u>Minimum standards for licensure: administrative and organizational plan.</u> (e) Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p><u>FINDINGS</u> Resident #1 physician prescribed medication Benadryl 25mg not available.</p> | <p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes. Benadryl was purchased that day.</p> | <p>10/31/17</p> |

18 JAN -2 P12:25
 STATE OF MARYLAND
 HEALTH CARE ADMINISTRATION

10/31/17

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|--|---|
| <input checked="" type="checkbox"/> | <p>§11-98-10 <u>Minimum standards for licensure; administrative and organizational plan.</u> (e) Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p><u>FINDINGS</u> Resident #1 physician prescribed medication Benadryl 25mg not available.</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;">OTC Medications will be ordered from onsite Pharmacy to ensure continuous availability for clients. Pharmacy will then bill SOSRP.</p> | <p style="text-align: center;">10/31/17</p> |

STATE OF MICHIGAN
 JAN -2 14:25
 18

| | 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> One (1) of the food thermometers was not working.</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;">Batteries for thermometers were found and then old ones replaced.</p> | <p style="text-align: center;">10/31/17</p> |

ST. JOE OF SAVANNAH
18 JAN -2 12:25
14-11-17

| | 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> One (1) of the food thermometers was not working.</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>Food thermometers will be checked during morning sharps count to ensure proper functioning.</p> | <p>12/21/17</p> <p>STATE OF ARIZONA DEPARTMENT OF HEALTH 18 JAN -2 P12:25</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> Cottage M: Bedroom #2: Ceiling light fixture has one (1) bulb missing.</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>Yes. Maintenance called and replaced missing bulb.</p> | <p style="text-align: center;">11/1/17</p> <p style="text-align: right; font-size: small;">18 JAN -2 14:25 STATE OF MARYLAND INSPECTION DIVISION</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> Cottage M: Bedroom #2: Ceiling light fixture has one (1) bulb missing.</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;">All light fixtures will be checked during weekly environmental rounds.</p> | <p style="text-align: center;">11/4/17</p> |

STATE OF NEW YORK
JAN -2 12:25
18

| | 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> Cottage M: Bedroom #2: Some pillows missing pillow cases.</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;">Pillow cases obtained and put on pillows.</p> | <p style="text-align: center;">10/31/17</p> |

18 JAN -2 12:25

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|-------------------------------------|---|---|---|
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18 JUN -2 12 25

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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> Cottage N: Incorrect dishwashing technique, mixes dishwashing soap and sanitizer.</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;">re-educated staff. Staff able to verbalize correct method of dishwashing sanitation.</p> | <p style="text-align: center;">10/31/17</p> |

18 JAN -2 12 25

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18 JAN -2 P.2:25

| | Rules (Criteria) | Plan of Correction | Completion Date |
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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>FINDINGS Cottage N: Kitchen refrigerator product temperature fifty one (51) to fifty three (53) degrees Fahrenheit.</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;">Yes. Work order submitted 11/2/17 to replace refrigerator with an efficient one from "M" cottage.</p> | <p style="text-align: center;">11/2/17</p> <p style="text-align: right; font-size: small;">18 JAN -2 14:25</p> |

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|-------------------------------------|---|--|--|
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STATE OF MARYLAND
JAN - 2 11 17
11:25

| | Rules (Criteria) | Plan of Correction | Completion Date |
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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> Cottage N: Bedroom #3: Ceiling light fixture has one (1) bulb missing.</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>All light fixtures will be checked during weekly environmental rounds.</p> | <p style="text-align: center;">11/4/17</p> |

18 JAN -2 017:25

| | 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> Cottage O: Main door knob is missing</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 informed of need for door knob. Door knob replaced 11/3/17.</p> | <p style="text-align: center;">11/3/17</p> |

18 JAN 2 11:25

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|--|-----------------|
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| | Rules (Criteria) | Plan of Correction | Completion Date |
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19 JUN -2 PM 25
 577-7117-81

| | Rules (Criteria) | Plan of Correction | Completion Date |
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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> Cottage O: Bedroom #1: One (1) window screen has a hole.</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;">Work request submitted to fix screen and screen was repaired 12/27/17.</p> | <p style="text-align: center;">12/27/17</p> |

18 JAN -2 12:25

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STATE OF HAWAII
JAN 12 12:25 '18

| | Rules (Criteria) | Plan of Correction | Completion Date |
|-------------------------------------|--|---|-----------------|
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18 JAN 2 10:25
 0 100 10 4 100 10


| | Rules (Criteria) | Plan of Correction | Completion Date |
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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> Cottage P: Bedroom #1: Strong urine smell.</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;">Clients clothes (urine smell) were washed. Room was cleaned and sanitized.</p> | <p style="text-align: center;">11/1/17</p> <p style="text-align: right; font-size: small;">18 JAN -2 PM 25</p> |

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18 JAN -2 12:25
 SZC MP

Licensee's/Administrator's Signature: 

Print Name: William J. May

Date: December 28, 2017

18 JAN -2 10:20
STAFF OF WASH
MAY 28 2017