

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Pearl City Specialized Residential Services Population</b>	<b>CHAPTER 98</b>
<b>Address: 1668 Hoohulu Street, Pearl City, Hawaii 96782</b>	<b>Inspection Date: October 24, 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.**

STATE OF HAWAII  
HEALTH CARE ASSURANCE

'18 JAN -5 P 3:20

	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>  No sanitizer for dishes.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Facility purchased Clorox to sanitize dishes.</p>	<p>10/24/17</p> <p>STATE OF IOWA  HOSPITALS</p> <p>18 JAN -5 P3:30</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><b><u>FINDINGS</u></b> No sanitizer for dishes.</p>	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <hr/> <p>Staff will complete a monthly health and safety inspection and document it on the Safety Self Inspection Form, to ensure facility is maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State. The Safety Self Inspection Form shall be submitted to CARE HI's Health and Safety Manager for review, to ensure compliance. The TLP Clinical Supervisor will make periodic housing rounds to ensure standards are maintained. CARE HI's Health and Safety Mgr. will complete a quarterly on-site inspection and maintenance, to ensure the facility is maintained in accordance with afore mentioned health codes. This inspection will also be documented on a Safety Self Inspection Form and maintained on-site in the Health and Safety Binder.</p>	<p style="text-align: center; font-size: 24pt;">10/24/17</p> <p style="text-align: right; font-size: 10pt;">STATE OF HAWAII PHYSICAL THERAPY 18 JAN -5 P 3:20</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><b><u>FINDINGS</u></b>  Lysol spray and laundry detergent in Bedroom #1 not secured.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <hr/> <p>Lysol spray and laundry detergent removed from Bedroom #1, and secured in locked cabinet.</p>	<p>10/24/17</p> <p>STATE OF HAWAII  MUNICIPALITY OF HONOLULU  18 JAN -5 P 3:20</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> Lysol spray and laundry detergent in Bedroom #1 not secured.</p>	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <hr/> <p>Staff will insure that all cleaning products are returned to staff following daily chores. Staff will also complete a monthly health and safety inspection and document it on the Safety Self Inspection Form, to ensure facility is maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State. The Safety Self Inspection Form shall be submitted to CARE HI's Health and Safety Manager for review, to ensure compliance. The TLP Clinical Supervisor will make periodic housing rounds to ensure standards are maintained. CARE HI's Health and Safety Mgr. will complete a quarterly on-site inspection and maintenance, to ensure the facility is maintained in accordance with afore mentioned health codes. This inspection will also be documented on a Safety Self Inspection Form and maintained on-site in the Health and Safety Binder.</p>	<p style="text-align: right; font-size: 2em;">10/24/17</p> <p style="text-align: right; font-size: 0.8em;">STATE OF HAWAII HOSPITALS</p> <p style="text-align: right; font-size: 0.8em;">18 JAN -5 P 3:20</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><b><u>FINDINGS</u></b> Bedroom #3 two (2) pillows have no pillow cases.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Pillow cases were in washer, and replaced after being washed.</p>	<p>10/24/17</p> <p>STATE OF HAWAII MEDICAL CENTER JAN -5 11:20 AM '18</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><b><u>FINDINGS</u></b>  Bedroom #3 two (2) pillows have no pillow cases.</p>	<p style="text-align: center;"><b>PART 2</b>  <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Staff will complete a monthly health and safety inspection and document it on the Safety Self Inspection Form, to ensure facility is maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State. The Safety Self Inspection Form shall be submitted to CARE HI's Health and Safety Manager for review, to ensure compliance. The TLP Clinical Supervisor will make periodic housing rounds to ensure standards are maintained. CARE HI's Health and Safety Mgr. will complete a quarterly on-site inspection and maintenance, to ensure the facility is maintained in accordance with afore mentioned health codes. This inspection will also be documented on a Safety Self Inspection Form and maintained on-site in the Health and Safety Binder.</p>	<p style="text-align: center; font-size: 24pt;">10/24/17</p> <p style="text-align: right; font-size: 10pt;"> STATE OF HAWAII  HEALTH CARE  18 JAN -5 P3:21 </p>

Licensee's/Administrator's Signature: B Williams PsyD, LCSW  
Print Name: Bridgit Williams PsyD, LCSW  
Date: 1/2/18

STATE OF HAWAII  
HCH-OHCA LICENSES  
JAN -5 P 3:21