

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hina Mauka	CHAPTER 98
Address: 45-845 Pookela Street, Kaneohe, Hawaii 96744	Inspection Date: August 1, 2018 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure; personnel.</u> (j) The administrator shall arrange for clerical services to maintain records, correspondence, bookkeeping and files current and in conformity with acceptable business practice.</p> <p><u>FINDINGS</u> Found a different resident's TB screening form within Resident #1's chart</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>We have removed the incorrect TB screening form from residents #1's chart and filled it in the correct chart.</p> <p>We have also re-reviewed resident #1's entire chart to ensure that no other items were misfilled</p>	August 2, 2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure; personnel.</u> (j) The administrator shall arrange for clerical services to maintain records, correspondence, bookkeeping and files current and in conformity with acceptable business practice.</p> <p><u>FINDINGS</u> Found a different resident's TB screening form within Resident #1's chart</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>Hina Mauka has implemented more Treatment Associate trainings on client document chart filling. Treatment Associates were retrained on August 29th, 2018 and training executed 4x a year.</p> <p>We have also implemented a more frequent chart review protocol to ensure that if forms are misfiled, they are found more quickly to ensure accuracy within all of our resident charts</p>	August 29, 2018

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure: personnel.</u> (k) The administrator shall arrange for staff development that includes orientation and training of all new staff and continuing educational opportunities for all staff. Volunteers, whenever utilized, shall be included in the orientation and training programs for staff or participate in orientation and training programs geared specifically to their needs.</p> <p><u>FINDINGS</u> Employee #1 – no evidence of staff development training since hire date on 11/27/17.</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>Employee #1's evidence of staff development training has been addressed and placed into her HR File</p> <p>Some documents were just not placed within her chart, while other trainings were not done. We have brought her up to speed on all necessary trainings.</p>	<p>August 15, 2018</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	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 #223 – Rusty metal towel bar, light bulb, and two (2) bags of gravel found underneath sink cabinet</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>Rusty metal towel bar, light bulb and (2) bags of gravel found underneath the sink cabinet have been removed from the residents room</p>	August 1, 2018

	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 #223 – Rusty metal towel bar, light bulb, and two (2) bags of gravel found underneath sink cabinet</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>We have reminded the residential clients that they cannot use bags of gravel as weight lifting tools. We have also spoken with the Treatment Associate Supervisor to implement more frequent room checks.</p> <p>Room checks/inspections will now be done 2x week rather than 1x a week. And all prohibited items will be removed promptly</p>	<p style="text-align: center;">August 2, 2018</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 #244 – Toilet ceiling air vent filter/cover missing</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>We have replaced the Toilet ceiling air vent filter/cover that was missing form Room 244</p>	August 1, 2018

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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> Bedroom #244 – Toilet ceiling air vent filter/cover missing</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>We have implemented more frequent checks by our Facilities Department and Treatment Associates.</p> <p>Facilities will not check 2x a week rather than the 1x previously and the Treatment Associates will check 2x a week also rather than the previous 1x.</p> <p>These checks will vary thus we will be checking clients rooms more thoroughly 4x a week going forward.</p>	August 2, 2018

Licensee's/Administrator's Signature: Heather Butler

Print Name: Heather Butler

Date: October 4, 2018