

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hokulaki Senior Living, L.L.C.	CHAPTER 100.1
Address: 45-217A William Henry Road, Kaneohe, Hawaii 96744	Inspection Date: October 22, 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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u></p> <p>Employee #1 no evidence of a completed two-step TB test on file.</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 style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;"><i>January 2, 2019</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u></p> <p>Employee #1 no evidence of first aid certification on file.</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 style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;"><i>January 2, 2019</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u></p> <p>Employee #1 no completed continuing education hours on file. Every employee is required to have completed 12 hours of CEU's during the inspection year. Employee must complete 12 hours for the 2017-2018 inspection year and 12 hours for the 2018-2019 inspection year.</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 style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;"><i>January 2, 2019</i></p>

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Licensee's/Administrator's Signature: Myriam R. Jabanalag
Print Name: MYRIAM R. JABANALAG
Date: January 2, 2019

PLAN OF CORRECTION-HSL
Annual Inspection: October 22, 2018

11-100.1-9 (e) (3)

The deficiency was corrected.

Employee #1 was called and notified of missing evidence of a First Aid certificate in her employee file found during the HSL annual inspection on October 22, 2019. Employee #1 responded to inform PCG that all the paperwork required were done except that she will have to retrieve all of what were missing when she comes back from vacation.

Employee #1 sent documentation of the missing evidence of a First Aid certificate in January, 2019.
(First Aid certificate attached)

Completion Date: January 2, 2019

FUTURE PLAN:

1. Met with Employee #1 and discussed necessary paperwork required as an employee of Hokulaki Senior Living, LLC (HSL), including First Aid, CPR, etc. 'Personnel Form' reviewed with Employee #1, informing her that the form was created for all employees to track down all the necessary paper work needed for the annual inspection. That it will be her responsibility to do the requirements in a timely manner and send completed forms to PCG or designated substitute who will place them in the HSL ARCH II Folder ready for review by the DOH Consultant.
2. Required paperwork for all employees including Employee #1 will be randomly checked and also every 4 months by the PCG and/or designated substitute.


B. J. Johnson, Fdz, PCG
1/2/19

PLAN OF CORRECTION-HSL
Annual Inspection: October 22, 2018

11-100.1-83 (5)

The deficiency was corrected.

Employee #1 went into her records to locate for certificates of previous inservices that she attended. Found continuing education certificates totaling 12.1 CE units and sent them to HSL PCG, which were then filed in the Care Home folder under her name. (Copy of certificates attached)

Completion Date: January 2, 2019

FUTURE PLAN:

1. Met with Employee #1 and discussed necessary paperwork required as an employee of Hokulaki Senior Living, LLC (HSL), to include Inservices and Conferences attended which should total to 12 continuing credit hours per year. 'Personnel Form' reviewed with Employee #1, informing her that it will be her responsibility to attend future inservices/conferences. Completed certificates will be sent to HSL PCG to be placed in ARCH II Folder for review by DOH Consultant.
2. Number of conferences and inservices CE hours attended by Employee #1 were also added to the list of requirements in the Personnel form under her name.
3. Required paperwork for all employees including Employee #1 will be randomly checked and also every 4 months by the PCG and/or designated substitute.

Dyanne Robinson, R.R., PCG
1/2/19