Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mele House (DDDH)	CHAPTER 89
Address: 41 Palekana Street, Paia, Hawaii 96779	Inspection Date: February 15, 2019 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	DI AN OF CODD CON	T
		PLAN OF CORRECTION	Completion
\boxtimes	§11-89-9 General staff health requirements. (a)(1) All individuals living in the facility including those who	PART 1	Date
	provide services directly to residents shall have documented evidence that they have had examination by a physician	DID YOU CORRECT THE DEFICIENCY?	2-21-19
	prior to their first contact with the residents of the home and thereafter as frequently as the department deems necessary. The examination shall be specifically oriented to rule out communicable disease and shall include tests for tuberculosis.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	If an initial tuberculin skin test is negative, a second tuberculin skin test shall be done after one week, but no later than three weeks after the first test. The results of the second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the second test is negative, it shall be repeated once yearly thereafter unless it becomes positive. FINDINGS Caregiver #2 – Two (2) steps tuberculin skin test was not completed prior to the first contact with the residents.	CAREGIVER#2 completed the Two Step tuberculin test within the first week following the inspection. (SEE ATTACHMENT "A")	

	RULES (CRITERIA)		
		PLAN OF CORRECTION	Completion
X	§11-89-9 General staff health requirements. (a)(1)		Date
	All individuals living in the facility including those who	PART 2	
	provide services directly to residents shall have documented		2-28-19
	evidence that they have had examination by a physician	FUTURE PLAN	12 20-11
	prior to their first contact with the residents of the home and		
	thereafter as frequently as the department deems necessary.	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
	The examination shall be specifically oriented to rule out communicable disease and shall include tests for	PLAN: WHAT WILL YOU DO TO ENSURE THAT	
	tuberculosis.	IT DOESN'T HAPPEN AGAIN?	
		The state of the s	
	If an initial tuberculin skin test is negative, a second	1 ilinia na	
	tuberculin skin test shall be done after one week, but no	A STAFF credentialing checklist to ensure that the oversight of a two step tuberculin skin	
	later than three weeks after the first test. The results of the	at the acceptable to	
	second test shall be considered the baseline test and shall be used to determine appropriate treatment follow-up. If the	a start creditating checklist	
	second test is negative, it shall be repeated once yearly	to ensure that the owner that	
	thereafter unless it becomes positive.	10 or st. c from from over signi	
	•	or a two step tuberculin skin!	
	FINDINGS	test not being completed prior to the first contact with residents will never happen	
	Caregiver #2 – Two (2) steps tuberculin skin test was not	Test not being completed prior	
1	completed prior to the first contact with the residents.	L. M. First context who	
1		to July 11 31 column with	
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		(SEE ATTACHMENT "B")	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-89-9 General staff health requirements. (f)(3) Responsible adults shall be capable of managing any emergency occurring in the facility as well as the caregiver could have managed had he or she been present. At a minimum, the responsible adult shall have the following skills during the periods of absence of the certified caregiver. This does not preclude the temporary transfer of the residents to another suitable certified and licensed facility. Be CPR certified. FINDINGS Caregiver #1 – No current CPR certificate on file.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY CAREGIVER* CONTACTED CPR NSTRUCTUR to receive a copy of current CPR Certification. OACL IN POSESSION, CAREGIVER* SUBMITTED CURRENT CPR Certification to HOUSE MANAGER *1, which was then filed. (SEE ATTACHMENT "C")	Date 2-20-19
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-89-9 General staff health requirements. (f)(3) Responsible adults shall be capable of managing any emergency occurring in the facility as well as the caregiver	PART 2	
	could have managed had he or she been present. At a minimum, the responsible adult shall have the following skills during the periods of absence of the certified	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE	2-28-19
	caregiver. This does not preclude the temporary transfer of the residents to another suitable certified and licensed facility.	PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	Be CPR certified.	HOUSE MANAGER# created	
	<u>FINDINGS</u> Caregiver #1 – No current CPR certificate on file.	a staff credentialing checklist	
		HOUSE MANAGER# created or staff credentialing checklist to ensure that the oversight of a current CPR certification	
		not being on file will not happen again. (SEE ATTACHMENT "B")	
-		happen again.	
		(SEE ATTACHMENI "B")	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\boxtimes	§11-89-9 General staff health requirements. (f)(4) Responsible adults shall be capable of managing any	PART 1	Date
	emergency occurring in the facility as well as the caregiver could have managed had he or she been present. At a minimum, the responsible adult shall have the following	DID YOU CORRECT THE DEFICIENCY?	2-20-19
	skills during the periods of absence of the certified caregiver. This does not preclude the temporary transfer of the residents to another suitable certified and licensed facility.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	Have a valid certificate in first aid training.	CAREGIVER# Contacted FIRST	
	FINDINGS Caregiver #1 – No current first aid certificate on file.	AID INSTRUCTOR to EDICINE a	
		Copy of current First Aid Certification. Once in posession,	
		CAREGIVERA Submitted corrent	
		First Aid Certification to	
	•	HOUSE MANAGER#1 which	
	·	was then fild.	
		(SEE ATTACHMENT "C")	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion
Responsible adults shall be capable of managing any emergency occurring in the facility as well as the caregiver could have managed had he or she been present. At a minimum, the responsible adult shall have the following skills during the periods of absence of the certified caregiver. This does not preclude the temporary transfer of the residents to another suitable certified and licensed facility. Have a valid certificate in first aid training. FINDINGS Caregiver #1 – No current first aid certificate on file.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? HOUSE MANAGER# Created a Staff credentialing checklist to ensure that the oversight of a Current First Aid certification not being on fill doesn't happen again. (SEE ATTACH MENT "B")	Date 2-28-19

	RULES (CRITERIA)	DI AN OF CORPORATION	-
	(Order a market)	PLAN OF CORRECTION	Completion
\boxtimes	§11-89-18 Records and reports. (b)(3)	TO A TROTT 4	Date
	During residence, records shall be maintained by the	PART 1	
	caregiver and shall include the following information:		
	Entries by the caregiver describing treatments and services rendered;		
	FINDINGS		
	Resident #1 – Physician's office visits on 9/29/18 and 12/27/18 were not documented in progress notes.		
		Correcting the deficiency	
		after-the-fact is not	
		practical/appropriate. For	
		this deficiency, only a future	
		plan is required.	
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-89-18 Records and reports. (b)(3) During residence, records shall be maintained by the caregiver and shall include the following information: Entries by the caregiver describing treatments and services rendered; FINDINGS Resident #1 – Physician's office visits on 9/29/18 and 12/27/18 were not documented in progress notes.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Each time House Manager#1 accompanies a lesident to a Physician's office visit or receives a physician's office visit document, House Manager #1 will document visit in Progress Notes prior to Filing corresponding document.	2-15-19

Licensee's/Administrator's Signature:	<u>U</u>
Print Name:	SABELLE KOHLER.
Date:	2-28-2019