

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Ke Ola Pono</b>	<b>CHAPTER 98</b>
<b>Address: 845 22<sup>nd</sup> Avenue, Honolulu, Hawaii 96817</b>	<b>Inspection Date: March 25, 2019 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.**

**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.**

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (2) Individual records shall be kept on each resident which contain the following:</p> <p>A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;</p> <p><b><u>FINDINGS</u></b> Resident #2 – No documented evidence of tuberculosis clearance on admission.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">CLIENT COMPLETED BLOOD TEST WITH PRIMARY CARE PHYSICIAN AND TB CLEARANCE WAS VERIFIED ON 9/29/18.</p> <p style="text-align: center;">THE COPY OF TEST/TB CLEARANCE WAS NOT FILED IN THE CLIENT RECORD. THIS WAS AN OVERSIGHT. COPY OF TB CLEARANCE FILED IN THE CLIENT RECORD ON 4/2/19</p>	<p style="text-align: center;">4/2/19</p> <p style="text-align: center;">19 APR -8 P4:02</p> <p style="text-align: center;">STATE OF HAWAII DOH - OHCA STATE LICENSING</p> <p style="text-align: center;">RECEIVED</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure, services.</u> (2) Individual records shall be kept on each resident which contain the following:</p> <p>A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;</p> <p><b><u>FINDINGS</u></b> Resident #2 – No documented evidence of tuberculosis clearance on admission.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><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>THE PROGRAM'S CLIENT RECORD CHECKLIST WAS UPDATED TO INCLUDE VERIFICATION OF COPY OF TB CLEARANCE TO BE IN RECORD/CHART.</p> <p>PROGRAM CASE MANAGER AND PROGRAM COORDINATOR TO ENSURE COPY OF TB CLEARANCE IS IN THE RECORD WHEN PUTTING TOGETHER THE CLIENT RECORD AT TIME OF ADMISSION TO THE PROGRAM.</p>	<p>4/1/19</p> <p>RECORD AUDIT TO BE COMPLETED AT LEAST QUARTERLY</p> <p>19 APR -8 P4:02</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</p>

Licensee's/Administrator's Signature: ky ky

Print Name: RAY OGAI

Date: 4/4/19

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