

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Big Island Substance Abuse Council (BISAC)	CHAPTER 98
Address: 2093 Kinoole Street, Hilo, Hawaii 96720	Inspection Date: December 18, 2020 – 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>§11-98-10 <u>Minimum standards for licensure; administrative and organizational plan.</u> (e) Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p>FINDINGS Big Island Substance Abuse Council Policy and Procedures entitled "Medication Procedures – Peer Specialist" read, "#5. The Peer Specialist is required to verify that the information on the medication bottle matches that in the Client Medication List (electronic health record) and on the MAR sheet. If there are changes in the medication dose after the prescription began, be sure to revise and correct the instructions on the Client Med List and the MAR sheet, after verifying these changes with the Registered Nurse."</p> <p>Resident #1, physician order dated December 1, 2020, read "<u>Betamethasone Dipropionate 0.5 mg/g</u> 90 grams for 30 days (3 refills) apply to knees, elbow & torso psoriasis qhs." However, prescription label and December 2020 medication record read "<u>Triamcinolone 0.1% cream</u> (apply to affected area at bedtime as needed for psoriasis flare up)".</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>MD was notified via phone of the change in prescription from what was originally ordered. A note was added amending the standing order indicating the change in prescription. The MAR was also updated to reflect the new prescription.</p>	<p>12/18/2020</p>

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<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><u>FINDINGS</u></p> <ul style="list-style-type: none"> • Resident #1, admitted on November 20, 2020, tuberculosis (TB) skin test completed on December 4, 2020. • Resident #2 admitted on November 17, 2020, TB skin test completed on November 20, 2020. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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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> Refrigerator #1 – no refrigerator thermometer.</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>A new thermometer was purchased and secured in refrigerator.</p> <p>Quarterly site audits will continue to ensure that all thermometers are in working order and present.</p>	12/18/2020

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☒	<p>§11-98-16 <u>Resident's rights and responsibilities.</u> (1) Written policies regarding the rights and responsibilities of residents and services to be provided to residents during their stay in the facility shall be established and shall be made available to the resident, to any guardian, next of kin, sponsoring agency or representative payee, and to the public. The facility's policies and procedures shall provide that each individual admitted to the facility shall:</p> <p>Be fully informed, documented by signed acknowledgment prior to or at the time of admission and during stay, of these rights and of all rules governing resident conduct;</p> <p><u>FINDINGS</u> Resident #4, admitted on October 4, 2020, consent for treatment signed on October 12, 2020.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature: 

Print Name: Hannah Preston-Pita, CEO

Date: 3/3/2021

Licensee's/Administrator's Signature: *Hannah*

Print Name: Hannah Preston-Pita

Date: 1/25/2021