

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b>  <b>Big Island Substance Abuse Council – East Hawaii Men's TLP</b>	<b>CHAPTER 98</b>
<b>Address:</b> <b>1151 Heauka Place, Hilo, Hawaii 96720</b>	<b>Inspection Date:</b> <b>November 19, 2020 &amp; December 18, 2020</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.**

	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><b><u>FINDINGS</u></b></p> <p>Resident #1, November 2020 medication record read:</p> <ul style="list-style-type: none"> <li>• “Acetaminophen 325 mg per tablet take 3 tablets by mouth every 8° as needed for pain. Do not take more than 9 tabs in 24 hour period”</li> <li>• “Ibuprofen 800 mg per tablet take 1 tab by mouth every 8 hours as needed for pain.”</li> </ul> <p>Standing order read</p> <ul style="list-style-type: none"> <li>• “Tylenol (Acetaminophen 500 mg) Take 1-2 tablets by mouth every 4 hours as needed (Do not exceed more than 4 doses per day.”</li> <li>• “Ibuprofen 200 mg 1-2 tablets by mouth every 4 hours as needed (Do not exceed more the sic 6 doses per day.”</li> </ul>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>MD was notified via phone of the change in prescription from what is listed on the standing order. 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>11/19/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>		<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>Staff will follow medication charting procedures and log all physician ordered medications, including all directions for administration on the MAR form.</p> <p>TLP staff will conduct (they have already started) weekly reviews of MAR forms for all clients within the TLP, identifying and correcting any deficiencies to ensure accuracy.</p> <p>Quarterly medication trainings will continue to be scheduled. All new hires will receive their initial medication training during their orientation period and quarterly thereafter. This will include training on over the counter medications.</p>	11/19/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure; personnel.</u> (e)            There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.</p> <p><b>FINDINGS</b>            Peer Specialist #1 -- hired on August 24, 2020, <u>single (1) step</u> tuberculosis (TB) skin test completed on August 20, 2020.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Peer Specialist completed 2-step TB on 12/9/20.</p>	12/9/20

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure; personnel.</u> (l) The administrator shall see that at least one staff member on each shift possesses a current First Aid certificate and CPR training. Recertification of training shall be required by all staff at least every two years.</p> <p><b><u>FINDINGS</u></b> PS #1 – cardiopulmonary resuscitation (CPR) and first aid certification expired on September 22, 2020. November 2020 work schedule indicated PS #1 worked independently (no additional CPR/First aid certified employee working/accompanying P.S.).</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Peer Specialist completed CPR/FA training on 11/24/20.</p>	11/24/20

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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 #3, admitted on September 25, 2020, tuberculosis (TB) skin test completed on October 31, 2020.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure: services.</u> (5) individual records shall be kept on each resident which contain the following:</p> <p>Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries;</p> <p><b><u>FINDINGS</u></b></p> <ul style="list-style-type: none"> <li>• Resident #1, admitted on October 30, 2020, physician notified November 20, 2020.</li> <li>• Resident #2, admitted on November 2, 2020, physician consulted/notified on November 20, 2020.</li> </ul>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></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><b><u>FINDINGS</u></b> Downstairs sink cabinet – unsecured all-purpose cleaner.</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>All-purpose cleaner and other chemicals was removed and put back into the locked chemical cabinet.</p>	<p>11/19/2020</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> No plastic pliable pillow protectors on resident pillows.</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>These plastic pillow protectors have been purchased and distributed to each TLP home. Each pillow has been put into the plastic protectors.</p>	<p>12/21/2020</p>

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<input checked="" type="checkbox"/>	<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><b><u>FINDINGS</u></b>  Resident #3, admitted on September 25, 2020, consent for treatment signed on October 5, 2020.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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Licensee's/Administrator's Signature: 

Print Name: Hannah Preston-Pita

Date: 1/25/2021

Licensee's/Administrator's Signature:



Print Name: Hannah Preston-Pita, CEO

Date: 3/3/2021