Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Malamalama Mauka	**CHAPTER 100.1**
Address: **246 Moomuku Place Honolulu, Hawaii 96821**	**Inspection Date: ~~March~~ May 5, 2021 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
☒	§11-100.1-8 Primary care giver qualifications. (a)(5) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Have completed ARCH teaching modules that are approved annually by the department; **FINDINGS** Primary Care Giver (PCG) – Care home utilizing new PCG. No documented evidence of completion of ARCH modules available for review. **Please submit copy of ARCH Modules completion certificate along with your plan of correction.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Copy of ARCH certified of completion provided.	5/6/21

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-8 Primary care giver qualifications. (a)(5) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall: Have completed ARCH teaching modules that are approved annually by the department; **FINDINGS** Primary Care Giver (PCG) – Care home utilizing new PCG. No documented evidence of completion of ARCH modules available for review.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Copy of ARCH certified of completion will be provided on a timely basis.	5/6/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** PCG & Substitute Care Giver (SCG)#2 – No documented evidence of annual physical exam. **Please submit copies of physical exams along with your plan of correction.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** PCG annual physical exam will be scheduled on 5/19/21. SCG #2 annual physical exam completed on 3/18/21. Copy of completed physical forms will be provided.	5/19/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** PCG & Substitute Care Giver (SCG)#2 – No documented evidence of annual physical exam.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG will check all staff's annual requirements quarterly using a checklist and will post checklist for staff notification.	5/19/21

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG#1 – No documented evidence of initial 2-step tuberculosis clearance. **Please submit copy of 2-step along with your plan of correction.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #1 Step 1 tuberculosis clearance completed on 10/28/20 read on 10/30/20. Completed 2 step tuberculosis clearance. Step 1 completed on 5/8/21 read on 5/10/21 and Step 2 completed on 5/17/21 read on 5/19/21. Copy of completed 2 step tuberculosis clearance provided.	5/19/21

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☒	§11-100.1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG#1 – No documented evidence of initial 2-step tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** The PCG will check completion of 2 step PPD for all new SCG. PCG will check all staff's annual requirements quarterly using a checklist and will post checklist for staff notification.	ongoing

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** SCG#2 – No documented evidence that care giver is certified for CPR/1st Aid. **Please submit copy of CPR/1st Aid certification along with your plan of correction.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG #2 CPR/First Aid completion date 4/20/21 expiration date 4/20/23. Copy of completed CPR/First Aid provided.	5/19/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** SCG#2 – No documented evidence that care giver is certified for CPR/1st Aid.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** PCG will check all staff's annual requirements quarterly using a checklist and will post checklist for staff notification.	5/6/21

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Licensee's/Administrator's Signature: Pauline Y. Fukumura

Print Name: Pauline Y.O. Fukumura

Date: 05/19/2021