

Office of Health Care Assurance  
State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ho'omau Ke Ola I	CHAPTER 98
Address: 84-1006 Farrington Highway, Waianae, Hawaii 96792	Inspection Date: February 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.**

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

MAY 26 2:30 PM '21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12. <u>Minimum standards for licensure, services.</u> (1)                      Individual records shall be kept on each resident which contain the following:</p> <p>Within twenty-one days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file;</p> <p><b>FINDINGS</b>                      Resident #4.- No documented evidence of current physical examination clearance by a physician or advanced practice registered nurse (APRN).</p> <p style="text-align: center;">STATE OF HAWAII                      DON-ONCA                      STATE LICENSING</p> <p style="text-align: center;">21 MAY 26 P2:30</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> <hr/> <p>Resident #4                      Was transported to WCCHC and a Physical examination was performed a copy was placed in the residents' file</p>	<p style="text-align: center;">05/26/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (1)                      Individual records shall be kept on each resident which contain the following:</p> <p>Within twenty-one days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file;</p> <p><b>FINDINGS</b>                      Resident #4 – No documented evidence of current physical examination clearance by a physician or APRN.</p> <p style="text-align: right;">STATE OF HAWAII                      DOH-OHCA                      STATE LICENSING</p> <p style="text-align: right;">21 MAY 26 P2:30</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></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> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>The Intake Assistant will review all client documents prior to client admission, Intake will communicate with Residential Case Manager to make sure documentation gets followed up with.</p> </div>	<p style="text-align: center;">05/26/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p><del>§ 11-98-12. Minimum standards for licensure services. (2)</del>                      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>FINDINGS</b>                      Resident #4 - No documented evidence of a current tuberculosis clearance by a physician or APRN.</p> <p style="text-align: right;">STATE OF HAWAII                      DOH-CHCA                      STATE LICENSING</p> <p style="text-align: right;">21 MAY 26 P2:30</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> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>Resident #4                          Was transported to WCCHC and a current Tuberculosis Clearance was issued a copy was placed in the residents' file</p> </div>	<p style="text-align: center;">05/26/2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <del>Minimum standards for licensure, services.</del> (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>FINDINGS</b>                      Resident #4: - No documented evidence of a current tuberculosis clearance by a physician or APRN.</p> <p style="text-align: right; color: blue;">STATE OF HAWAII                      DOH-OHCA                      STATE LICENSING</p> <p style="text-align: right; color: blue;">21 MAY 26 P2:30</p>	<p style="text-align: center;">PART 2</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> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>The Intake Assistant will review all client documents prior to client admission, Intake will communicate with Residential Case Manager to make sure documentation gets followed up with.</p> </div>	<p>05/26/2021</p>

Licensee's/Administrator's Signature: Alexis P. Pereira  
Print Name: Alexis P. Pereira  
Date: 05/26/2021

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