

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ho'omanu Ke Ola II	CHAPTER 98
Address: 84-1006A 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-DHCA
STATE LICENSING

21 MAY 26 P2:29

	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>FINDINGS Employee #2 – No documented evidence for a current annual physical examination clearance by a physician or advanced practice registered nurse (APRN).</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> Employee #2 resigned a few days after the 02/05/2021 inspection. </div>	<p>05/26/2021</p>

21 MAY 26 P2:29

	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>FINDINGS Employee #2 – No documented evidence for a current annual physical examination clearance by a physician or APRN.</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>21 MAY 26 P2:30</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p>Ho'omau Ke Ola's Human Resources/Safety Officer going forward will notify all staff 60 days, and 30 days prior to Annual Physical Examination expiration, Ho'omau Ke Ola Human Resources/Safety Officer will also notify all staff that failure to comply will result in being taken off the schedule without pay until updated documents are submitted.</p> </div>	<p>05/26/2021</p>

	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><u>FINDINGS</u> Employee #2 – No documented evidence for a current annual tuberculosis clearance by a physician or APRN.</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>21 MAY 26 P2:30</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Employee #2 resigned a few days after the 02/05/2021 inspection.</p>	<p>05/26/2021</p>

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<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>FINDINGS Employee #2 – No documented evidence for a current annual tuberculosis clearance by a physician or APRN.</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>21 MAY 26 P2:30</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> Ho'omau Ke Ola's Human Resources/Safety Officer going forward will notify all staff 60 days, and 30 days prior to Annual Tuberculosis Clearance expiration, Ho'omau Ke Ola Human Resources/Safety Officer will also notify all staff that failure to comply will result in being taken off the schedule without pay until updated documents are submitted. </div>	<p>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> (11) Individual records shall be kept on each resident which contain the following:</p> <p>Height and weight, which shall be recorded, upon admission and thereafter, quarterly;</p> <p>FINDINGS Resident #2 - No documented height on admission.</p> <p>STATE OF HAWAII DOM-ONCA STATE LICENSING 21 MAY 26 P2:30</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: Alexis P. Pereira
Print Name: Alexis P. Pereira
Date: 05/26/2021

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