

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ke Ola Pono	CHAPTER 98
Address: 845 22 <sup>nd</sup> Avenue, Honolulu, Hawaii 96816	Inspection Date: March 12, 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.**

21 APR 14 P3:56  
STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING

	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><u>FINDINGS</u></b> Employee #1 – No documented evidence of current annual tuberculosis clearance from a physician or advanced practice registered nurse (APRN).</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><i>This employee's TB clearance expired 3-4-2020. She completed a renewal on 3-23-21 &amp; will have it read on 3-25-21. She will turn in a copy for her files.</i></p>	<p style="text-align: center;"><i>3-25-21</i></p> <div style="text-align: right;"> <p><b>21 APR 14 P3:56</b></p> <p><b>STATE OF HAWAII</b></p> <p><b>DOH-OHCA</b></p> <p><b>STATE LICENSING</b></p> </div>

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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><b><u>FINDINGS</u></b> Employee #1 – No documented evidence of current annual tuberculosis clearance from a physician or APRN.</p>	<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>During quarterly Risk Management Committee Meetings, will review employees who will be due for TB / PE for the following quarter &amp; inform both employee &amp; manager of need for re-eval.</p> <p>A new form letter has been developed to give to employee.</p>	<p>3-29-21</p> <p style="text-align: right;">21 APR 14 P3:56 STATE OF HAWAII DOH-OTCA STATE LICENSING</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><b><u>FINDINGS</u></b> Employee #2 – No documented evidence of current annual physical examination clearance from a physician or APRN.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p align="center"><i>Employee is scheduled for 4-13-21 appointment with her physician.</i></p>	<p align="center"><i>4-13-21</i></p> <p align="center"><b>21 APR 14 P3:56</b></p> <p align="center">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure: personnel.</u> (c) 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><u>FINDINGS</u></b> Employee #2 – No documented evidence of current annual physical examination clearance from a physician or APRN.</p>	<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><i>During quarterly Risk Management Committee meetings, will review employees who will be due for TB/PE for the following quarter &amp; inform both employee &amp; manager of need for renewal.</i></p> <p><i>A new form letter has been developed to give to employee as a reminder of renewal required</i></p>	<p><i>3.29-21</i></p> <p style="text-align: right;"><b>21 APR 14 P3:56</b></p> <p style="text-align: right;"><b>STATE OF HAWAII DOH-CHCA STATE LICENSING</b></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><u>FINDINGS</u></b> Resident #3 &amp; Resident #4 – No documented evidence of physical examination clearance from a physician or APRN prior to admission.</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>Resident #3 completed her physical on 9-10-2020 &amp; a copy is now in her chart.</p> <p>Resident #4 completed her physical while at Hope Inc. which is the program she transferred from. Physical exam is on request from counselor.</p>	<p style="text-align: right;">3-23-21</p> <p style="text-align: right;">21 APR 14 P3:56</p> <p style="text-align: right;">STATE OF HAWAII DOH-OFCA STATE LICENSING</p>

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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 &amp; Resident #4 – No documented evidence of tuberculosis clearance from a physician or APRN prior to admission.</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>Both TB clearance certificates were in the "to file" folder. They have now been filed appropriately into the residents' charts.</p> <p>Resident #3 – 9-11-2020 TB clearance</p> <p>Resident #4 – 11-16-2020 TB clearance</p>	<p>3-23-21</p> <p>21 APR 14 P3:56</p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p>



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Licensee's/Administrator's Signature: Candace Pang  
Print Name: Candace Pang  
Date: 3-24-21

21 APR 14 P3:56  
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