

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pacific Quest Corp.	CHAPTER 98
Address: 301 Kalaniana'ole Avenue, Hilo, Hawaii 96720	Inspection Date: August 24, 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
<input checked="" type="checkbox"/>	<p>§11-98-06 <u>Disaster preparedness.</u> (a)(4) The facility shall have a written plan for staff and residents to follow in case of fire, explosion, or other emergency. The plan shall be posted in conspicuous places throughout the facility. This plan shall include, but not be limited to:</p> <p>FINDINGS Pacific Quest Policy and Procedures entitled, "Reed's Bay Emergency Evacuation & Disaster Preparedness Plan" read, "Drills will include plans for fire, explosion, hurricane/tropical storm, tsunami (where applicable), flood, earthquake & medical emergency." "Drill schedule is as follows:</p> <ul style="list-style-type: none"> • February – Day & Night staff drills • April – Day & Night staff drills • June – Day & Night staff drills • August – Day & Night staff drills • October – Day & Night staff drills • December – Day & Night staff drills" <p>However, no documentation of staff drills for February, April and June 2021.</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>	

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<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure; administrative and organizational plan. (e)</u> 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><u>FINDINGS</u> Pacific Quest "Medication Administration Policy & Procedures - Components of the Wellness Tote: #7. Consent to Continue Enrollment Form: This form must be signed by the resident upon arrival to authorize consent to administer medications. Medications a resident arrived with must match this form." Resident #1 - admitted on 08-09-21, medication record in resident wellness tote with start date on 08-09-21 read, "Multivitamin: Take one tablet by mouth AM" and "Vitamin D 6,000 IU: Take three (2,000 IU) tablets by mouth AM." However, both medications were not listed on the "Consent to Continue Enrollment form."</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Resident arrived with two supplements sent by his parents (MultiVitamin and Vitamin D3 2000IU). Supplements were added to his plan without being on the "consent to continue" document or without Physician order.</p> <p>Correction: Medical Director ordered the following intake arrival supplements: Multivitamin: Take one Tablet by mouth in AM and Vitamin D3 6,000IU: Take three (2000IU) tablets by mouth in AM in the residents file via physician order with a start date of 8-9-2021</p>	8/24/2021

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<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure; administrative and organizational plan. (e)</u> 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>FINDINGS Pacific Quest "Medication Administration Policy & Procedures #6. Weekly Inventory - Purpose: This Policy reviews the guidelines for the <u>weekly inventory</u> of all prescription medications at Pacific Quest. A. This policy is carried out by a Program physician or Nurse." First aid kit contained expired "Antacid," "Aspirin," "Neosporin," and "Acetaminophen."</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Correction: In order to ensure that this oversight does not happen again, we have amended the reference document "Monthly Inventory Checklist", to include the Office First Aid Kit. Now in addition to conducting our monthly inspection and checking all expiration dates for our OTC and First Aid items, the person conducting the monthly inspection will be specifically reminded to check the First Aid.</p>	10/11/2021

Licensee's/Administrator's Signature: 

Print Name: CHRISTOPHER KAISER

Date: 9-8-2021

Licensee's/Administrator's Signature: CHRIS KAISER

Print Name: 

Date: 9.30.2021