## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name:	CHAPTER 98
Big Island Substance Abuse Council East Hawaii Men's TLP	
Address: 1151 Heauka Place, Hilo, Hawaii 96720	Inspection Date: November 23, 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.

RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT WITHOUT YOUR RESPONSE.

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incomplete as there was no review of systems.	FINDINGS  Resident #1 – physical examination of 10-14-21 was	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:	§11-98-12 Minimum standards for licensure; services. (1) Individual records shall be kept on each resident which contain the following:	RULES (CRITERIA)
Documentation collected from this visit will be reviewed by the Case Manager and QA to ensure that it meets the requirements. The documentation will be scanned and placed into the client's electronic health record.	Yes. After inquiring as to why the information was not listed on the initial physical examination, a new physical was scheduled to be completed on	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	PART 1  DID YOU CORRECT THE DEFICIENCY?	PLAN OF CORRECTION
			12/23/2021	Completion Date

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file;	§11-98-12 Minimum standards for licensure; services. (1) Individual records shall be kept on each resident which	RULES (CRITERIA)
USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  Case Managers will review the physical examination paperwork to ensure that the required information is documented. If the necessary information is missing they will reach out to the Medical Director or their delegate to obtain that information.	PART 2	PLAN OF CORRECTION
		Completion Date

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Resident #1 admitted 10-06-21, tuberculosis (TB) skin test read, "08-05-21 PPD negative." However, no date of administration documented.  Resident #4 admitted 10-25-21, TB skin test read, "10-08-21 PPD negative" with a chest x-ray of 10-25-21. However, no date of administration documented.	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;	§11-98-12 Minimum standards for licensure; services. (2) Individual records shall be kept on each resident which contain the following:	RULES (CRITERIA)
Due to not being able to obtain the needed date of administration from the jail, clients have been scheduled to have the TB clearance completed on 12/16/21 using the Quantiferon blood test. Results will be placed into their electronic health record.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	PART 1  DID YOU CORRECT THE DEFICIENCY?	PLAN OF CORRECTION
		12/16/2021	Completion Date

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	Resident #4 - admitted 10-25-21, TB skin test read, "10-08-21 PPD negative" with a chest x-ray of 10-25-21. However, no date of administration documented.	FINDINGS  Resident #1 — admitted 10-06-21, tuberculosis (TB) skin test read, "08-05-21 PPD negative." However, no date of administration documented.	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;	§11-98-12 Minimum standards for licensure; services. (2) Individual records shall be kept on each resident which contain the following:	RULES (CRITERIA)
	of clients who either don't have a TB clearance completed upon admission or if it does not have all of the required information. Case Managers, QA, Medical Director and Program Director will be retrained on this updated policy.	IT DOESN'T HAPPEN AGAIN?  BISAC's policy regarding TB clearances for clients will be updated to reflect the emergency admission	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	PART 2 FUTURE PLAN	PLAN OF CORRECTION
					Completion Date

plan is required.		
this deficiency, only a future		
Correcting the deficiency after-the-fact is not		
	Resident #3 — admitted 10-25-21, TB clearance (Quantiferon blood test) result obtained 11-12-21.	
	FINDINGS  Resident #2 – admitted 08-04-21, TB clearance (Quantiferon blood test) result obtained 09-17-21,	
	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;	
PART 1	§11-98-12 Minimum standards for licensure; services. (2) Individual records shall be kept on each resident which contain the following:	×
PLAN OF CORRECTION Completion  Date		
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		Resident #3 – admitted 10-25-21, TB clearance (Quantiferon blood test) result obtained 11-12-21.	FINDINGS  Resident #2 admitted 08-04-21, TB clearance  (Quantiferon blood test) result obtained 09-17-21.	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;	§11-98-12 <u>Minimum standards for licensure; services.</u> (2) Individual records shall be kept on each resident which contain the following:	RULES (CRITERIA)
	completed upon admission or if it does not have all of the required information. Case Managers, QA, Medical Director and Program Director will be retrained on this updated policy.	will be updated to reflect the emergency admission of clients who either don't have a TB clearance	BISAC's policy regarding TB clearances for clients	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT	PART 2 <u>FUTURE PLAN</u>	PLAN OF CORRECTION
						Completion Date

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Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries;  FINDINGS  Resident #1 — admitted 10-06-21, physician notified of admission 10-14-21.  Resident #2 — admitted 08-04-21, physician notified of admission 08-12-21.  Resident #4 — admitted 10-25-21, physician notified of admission 11-04-21.	§11-98-12 Minimum standards for licensure; services. (5) Individual records shall be kept on each resident which contain the following:	RULES (CRITERIA)
Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	PART 1	PLAN OF CORRECTION
		Completion Date

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Resident #1 — admitted 10-06-21, physician notified of admission 10-14-21.  Resident #2 — admitted 08-04-21, physician notified of admission 08-12-21.  Resident #4 — admitted 10-25-21, physician notified of admission 11-04-21.	contain the following:  Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries:	§11-98-12 Minimum standards for licensure; services. (5) Individual records shall be kept on each resident which	RULES (CRITERIA)
Case Manager will send documentation through the electronic health record system to Medical Director during the client's intake into the TLP, informing them of client's admission into the TLP and to schedule appointment for physical.	USE THIS SPACE TO EXPLAIN YOUR FUTURE	PART 2	PLAN OF CORRECTION
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$\boxtimes$	§11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance	PART 1	11/23/2021
	with provisions of state and county zoning, building, fire, safety and health codes in the State.	DID YOU CORRECT THE DEFICIENCY?	
	FINDINGS  One (1) 20 lb. unopened bag of rice and a case of bottled water on storeroom floor.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
		This was immediately placed on a shelf above the floor.	
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				FINDINGS  One (1) 20 lb. unopened bag of rice and a case of bottled water on storeroom floor.	Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.	§11-98-14 Physical facility. (c)	RULES (CRITERIA)
			Staff will be retrained on food handling safety and storage and will review the accompanying policy.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	FUTURE PLAN	PART 2	PLAN OF CORRECTION
							Completion  Date

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