

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Big Island Substance Abuse Council (BISAC)	CHAPTER 98
Address: 136 Lanikona Street, 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.

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.

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JAN 03 2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>\$11-98-10 Minimum standards for licensure: administrative and organizational plan. (e) 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 No policy and procedures for appropriate storage of refrigerated medications. "Basaglar injectable pens" stored in locked refrigerator: Medication refrigerator thermometer read 24 degrees Fahrenheit, 68 degrees at room temperature.</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>Policy titled "Medication Storage" has been updated to include information on what to do with medication that needs refrigeration. Completed 12/10/21</p> <p>A new medication refrigerator thermometer was purchased and installed. Completed 11/30/21</p>	<p>12/10/2021</p>

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<input checked="" type="checkbox"/> §11-98-10 Minimum standards for licensure; administrative and organizational plan. (e) 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: FINDINGS No policy and procedures for appropriate storage of refrigerated medications. "Basaglar injectable pens" stored in locked refrigerator. Medication refrigerator thermometer read 24 degrees Fahrenheit, 68 degrees at room temperature.	<p style="text-align: center;">PLAN OF CORRECTION</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>This policy has been updated and reviewed with Peer Specialist. This policy will be reviewed with during new hire training, during quarterly trainings and as needed.</p> <p>Thermometers will be checked monthly to insure they are working properly. A log has been created per the updated policy.</p>	

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<input checked="" type="checkbox"/> §11-98-10 Minimum standards for licensure; administrative and organizational plan. (e) 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: FINDINGS "Big Island Substance Abuse Council Policy & Procedures Medication Procedures – Peer Specialist read, 4. The Client Medication record will consist of: g. Specific instructions given by the physician." Resident #1- physician order dated 10-27-21 read: <ul style="list-style-type: none"> • "Multivitamin take 1 table by mouth" • "Tums/Antacid 1-2 tablets by mouthly every 4 hours as needed" November 2021 medication record read: <ul style="list-style-type: none"> • "Centrum Multivitamin: Take 1 tablet by mouth daily with food" • "Antacid Tablets Calcium Carbonate 1000 mg: Chew 2-3 tablets as symptoms occur, or as directed by a doctor." 	<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>Note dated 11/27/21 to the Medical Director was submitted informing him of the changes between what was picked up and what was listed on the physician order.</p>	12/14/2021

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-98-10 Minimum standards for licensure; administrative and organizational plan. (e)</p> <p>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</p> <p>“Big Island Substance Abuse Council Policy & Procedures Medication Procedures – Peer Specialist read, 4. The Client Medication record will consist of: g. Specific instructions given by the physician.”</p> <p>Resident #1 - physician order dated 10-27-21 read:</p> <ul style="list-style-type: none"> • “Multivitamin take 1 table by mouth” • “Tyms/Antacid 1-2 tablets by mouthly every 4 hours as needed” <p>November 2021 medication record read:</p> <ul style="list-style-type: none"> • “Centrum Multivitamin: Take 1 tablet by mouth daily with food” • “Antacid Tablets Calcium Carbonate 1000 mg: Chew 2-3 tablets as symptoms occur, or as directed by a doctor” 	<p style="text-align: center;">PLAN OF CORRECTION</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>Training will be provided to current Peer Specialist regarding what the proper procedures are when this happens. Staff will review the OTC list/ Physician Order prior to client purchasing the as needed medication. Prior to dispensing, staff will notify and seek approval from the MD/APRN regarding any changes identified between the original order and what was purchased. They will document accordingly.</p>	

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<input checked="" type="checkbox"/> § 11-98-12 Minimum standards for licensure services. (1) Individual records shall be kept on each resident which contain the following: 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; FINDINGS Resident #1 – physical examination of 10-14-21 was incomplete as there was no review of systems.	<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>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 12/23/21 to acquire the necessary information. 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.</p>	12/23/2021

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§ 11-98-12 Minimum standards for licensure: services. (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><u>FINDINGS</u> Resident #1 – physical examination of 10-14-21 was incomplete as there was no review of systems.</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>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.</p>	

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<input checked="" type="checkbox"/> §11-98-12 Minimum standards for licensure, services, (2) Individual records shall be kept on each resident which contain the following: 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; <u>FINDINGS</u> Resident #1 - admitted 10-11-21, tuberculosis (TB) clearance (Quantiferon blood test) obtained 10-15-21.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">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"/> § 11-98-12 Minimum standards for licensure: services. (2) Individual records shall be kept on each resident which contain the following: 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; FINDINGS Resident #1 - admitted <u>10-11-21</u> , tuberculosis (TB) clearance (Quantiferon blood test) obtained <u>10-15-21</u> .	<p style="text-align: center;">PLAN OF CORRECTION</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>BISAC's policy regarding TB clearances for clients will be updated to reflect the emergency admission 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.</p>	

Licensee's/Administrator's Signature:



Print Name:

Hannah Preston-Pita

Date:

12/21/2021

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