

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Big Island Substance Abuse Council (BISAC)	CHAPTER 98
Address: 2093 Kinooole Street, Hilo, Hawaii 96720	Inspection Date: November 29, 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.

RECEIVED
JAN 03 2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-98-06 Disaster preparedness. (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: A quarterly drill schedule. FINDINGS Big Island Substance Abuse Council Policy & Procedures: Drill assignments reads, "1. The Health and Safety Manager will assign one staff from each TLP program to conduct a fire drill and a safety drill at their site on a monthly basis. 4a. Employee is required to forward/fax a copy of the OIR to their Supervisor by the 20 th of each month." October 2021 fire drill conducted on 11-17-21. October 2021 safety drill conducted on 11-09-21.	<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>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-06 Disaster preparedness. (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: A quarterly drill schedule. FINDINGS Big Island Substance Abuse Council Policy & Procedures: Drill assignments reads, "1. The Health and Safety Manager will assign one staff from each TLP program to conduct a fire drill and a safety drill at their site on a monthly basis. 4a. Employee is required to forward/fax a copy of the OIR to their Supervisor by the 20 th of each month." <u>October 2021</u> fire drill conducted on <u>11-17-21</u> . <u>October 2021</u> safety drill conducted on <u>11-09-21</u> .	<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>We will review and retrain staff on the drill assignment policy and the importance of completing the drill assignments. If staff who are initially assigned the task aren't able to complete it or are no longer available, another employee will be designated by the appropriate supervisor.</p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 #2 – physical examination of 04-02-21 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

RECEIVED

JAN 03 2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 #2 – physical examination of 04-02-21 was incomplete as there was no review of systems.	<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>	

RECEIVED

JAN 03 2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 #2 – admitted 03-24-21, tuberculosis (TB) clearance (Quantiferon blood test) report obtained on <u>03-26-21</u> .	<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>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 #2 – admitted 03-24-21, tuberculosis (TB) clearance (Quantiferon blood test) report obtained on 03-26-21.	<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>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-12 <u>Minimum standards for licensure; services. (2)</u> 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 – TB skin test read “0 mm 05-03-21.” No date of administration documented.	<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>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.</p>	12/16/2021

RECEIVED

JAN 03 2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 – TB skin test read “0 mm 05-03-21.” No date of administration documented.	<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>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-98-12 Minimum standards for licensure; services. (5) Individual records shall be kept on each resident which contain the following: Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries; FINDINGS Resident #1 – admitted on <u>10-29-21</u> , physician was notified of admission on <u>11-06-21</u> . Resident #2 – admitted on <u>03-24-21</u> , physician was notified of admission on <u>04-02-21</u> . Resident #3 – admitted on <u>09-24-21</u> , physician was notified of admission on <u>10-06-21</u> .	<p style="text-align: center;">PART I</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>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-98-12 Minimum standards for licensure; services. (5) Individual records shall be kept on each resident which contain the following: Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries; <u>FINDINGS</u> Resident #1 – admitted on <u>10-29-21</u> , physician was notified of admission on <u>11-06-21</u> . Resident #2 – admitted on <u>03-24-21</u> , physician was notified of admission on <u>04-02-21</u> . Resident #3 – admitted on <u>09-24-21</u> , physician was notified of admission on <u>10-06-21</u> .	<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 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.</p>	

RECEIVED
JAN 03 2022

Licensee's/Administrator's Signature:



Print Name:

Hannah Preston-Pita

Date:

1/2/2022

RECEIVED

JAN 03 2022