

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: C.A.R.E. Cottage - Hilo</b>	<b>CHAPTER 98</b>
<b>Address: 100-A Apoke Street, Hilo, Hawaii 96720</b>	<b>Inspection Date: April 19, 2021 - Annual</b>

**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 20 2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> <p>\$11-98-04 Administrative and statistical reports. (a) A permanent register shall be maintained in ink or typewritten of all admissions and discharges of residents including:</p> <p><b>FINDINGS</b> No permanent register of all resident admissions and discharges.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY? YES</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Conferred with program specialist and complete yearly record moved to ehana database where all employees can access. Permanent register of all residents moved to ehana. (admissions + discharges)</p>	<p>07/09/2021</p>

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<input checked="" type="checkbox"/> §11-98-04 Administrative and statistical reports. (a) A permanent register shall be maintained in ink or typewritten of all admissions and discharges of residents including: <b>FINDINGS</b> No permanent register of all resident admissions and discharges.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Permanent register of <del>events</del> <sup>for</sup> residents stored on ehana database where employees can access, update and print out for inspectors. (admits + discharges)</p> <p>* verified with Jill that <del>electronic</del> <sup>for</sup> database is acceptable <del>as long as</del> <sup>as long as</sup> it can be <del>acceptable</del> <sup>as long as</sup> it can be printed out, and accessed by all staff.</p> <p>Staff educated that register will be stored on ehana database at monthly meeting on 07/09/2021. All staff confirmed they can access eHana. Will re-educate annually.</p>	<p style="text-align: center;">07/09/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-06 Disaster preparedness, (a) 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: <b>FINDINGS</b> Written emergency/disaster plan – "Fire" procedures were not specific to the facility location. <u>This is a repeat deficiency from your 2019 annual inspection.</u>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> <i>yes</i></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Updated entire emergency procedures manual, including fire procedures to be specific to each location. Copy attached</i></p>	<p style="text-align: center;"><i>07/30/2021</i></p>

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<input checked="" type="checkbox"/> §11-98-06 Disaster preparedness. (a) 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: <b>FINDINGS</b> Written emergency/disaster plan – "Fire" procedures were not specific to the facility location. <u>This is a repeat deficiency from your 2019 annual inspection.</u>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Annual review of Emergency Procedures manual scheduled (every January) to ensure manual is up to date, accurate and specific to our location.</p>	07/30/2021

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<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.  <b>FINDINGS</b> No written quarterly drill schedule. Monthly fire drills were conducted by the same person and at the same time of day (between 0630-0645).	<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>Written quarterly drill schedule created. Monthly fire drill schedule created that varies time drill conducted, as well as staff who conducts drill. Disseminated to staff at monthly meeting 06/04/2021.</p>	<p style="text-align: center;">06/04/2021</p>

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<input checked="" type="checkbox"/> §11-98-10 <u>Minimum standards for licensure, administrative and organizational plan. (e)(1)</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:  Personnel policies, procedures and practices including the qualifications, duties and responsibilities for each staff position, hiring, suspension, dismissal, assignment, promotion, grievance procedures and other related personnel matters;  <u>FINDINGS</u> No written policy and procedures governing personnel qualifications relating to annual staff training and recertification training requirements.  <u>This is a repeat deficiency from your 2019 annual inspection.</u>	PART 1  <u>DID YOU CORRECT THE DEFICIENCY?</u> YES  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  Updated corporate policy 4.1 Credentialing of employees and Independent Contractors to include mandatory annual staff trainings and recertifications.  (see attached policy)	01/08/22



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<input checked="" type="checkbox"/> §11-98-10 <u>Minimum standards for licensure, administrative and organizational plan. (e)(1)</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:  Personnel policies, procedures and practices including the qualifications, duties and responsibilities for each staff position, hiring, suspension, dismissal, assignment, promotion, grievance procedures and other related personnel matters;  <b>FINDINGS</b> No written policy and procedures governing personnel qualifications relating to annual staff training and recertification training requirements.  <u>This is a repeat deficiency from your 2019 annual inspection.</u>	<p style="text-align: center;">PART 2 <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 style="text-align: center;"><i>Will review corporate policy related to annual trainings / recertification for personnel annually to update policy as needed related to mandatory staff trainings / recertifications.</i></p>	<p style="text-align: center;"><i>01/08/22</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-11 Minimum standards for licensure: personnel. (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.  <b>FINDINGS</b> Employee #1 – no initial, pre-employment physical.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b>    <i>yes</i></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Physical was not completed in April 2020 when employee started. When physical was discovered missing - it was completed on 11/16/20. Copy of physical included.</i></p>	<p style="text-align: center;"><i>11/16/20</i></p>

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<input checked="" type="checkbox"/> §11-98-11 Minimum standards for licensure: personnel. (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.  <b>FINDINGS</b> Employee #1 – no current physical examination.  <u>This is a repeat deficiency from your 2019 annual inspection.</u>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b>FUTURE PLAN</b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>We have contracted with an outside agency, ProService, to assist us with our IT needs. Credentials and annual requirements will be tracked by their automated system and employees and supervisors will be notified before expiration, so that certifications/requirements can be renewed in a timely manner. All certifications, licenses ect. will be kept electronically on file with ProService immediately after renewal to be available for audits.</p>	<p style="text-align: right;">05/01/2021</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-11 Minimum standards for licensure: personnel. (k) The administrator shall arrange for staff development that includes orientation and training of all new staff and continuing educational opportunities for all staff. Volunteers, whenever utilized, shall be included in the orientation and training programs for staff or participate in orientation and training programs geared specifically to their needs.  <b>FINDINGS</b> Employee #1 and Employee #2 - no CPI training.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Employee #1 - had CPI training on 07/05/21 - but card not on file at time of inspection. Copy obtained 07/09/21 and placed on file. (copy attached)</p> <p>Employee #1 received CPI training again on 07/27/21 (copy attached)</p> <p>Employee #2 - Completed CPI training on 06/22/21</p>	<p style="text-align: center;">07/09/21</p> <p style="text-align: center;">07/27/21</p> <p style="text-align: center;">06/22/21</p>



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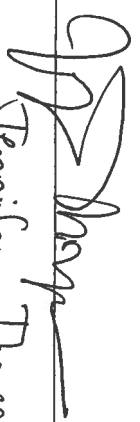
RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.  <b>FINDINGS</b> Resident bedroom #1, #2 and #3 – windows and screens unclean.	<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>Monthly calendar created with cleaning tasks scheduled and to be completed regularly. Staff instructed to assist/encourage clients in cleaning common areas. If clients unwilling / unable to complete, staff responsible to complete cleaning task.</p> <p>Staff instructed to clean windows and screens in bedroom #1, #2, #3</p>	<p style="text-align: center;">06/04/2021</p> <p style="text-align: center;">04/23/2021</p>

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Licensee's/Administrator's Signature:



Print Name:

Jennifer Thayer, ER CCS team lead

Date:

06/10/2024

Licensee's/Administrator's Signature:

*[Handwritten Signature]*  
Mary Parker Nursing Supervisor, EH Team Lead

Print Name:

Mary Parker

Date:

01/07/2021

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