

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Hawaii Island Recovery</b>	<b>CHAPTER 98</b>
<b>Address: 73-4697 Hina Lani Street, Kailua-Kona, Hawaii 96740</b>	<b>Inspection Date: October 27, 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.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<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>A quarterly drill schedule.</p> <p><b><u>FINDINGS</u></b>  Hawaii Island Recovery “Residential Program Policies and Procedure Section Title: Emergency Safety Drills read: I. . . . Unannounced emergency drills shall be conducted for each separate emergency at least annually on each shift, at each location, and for each level of service: This means we need to have an annual drill for each emergency procedure – for each shift. Fire, earthquake and bomb drills include evacuation of staff and patients.”  Review of drills for October 2020 – October 2021 reflected drills for fire completed monthly on either day (0600-1400) or evening (1400-2200) shift accompanied by one of the following rotating drills: “lockdown, tsunami, hurricane, earthquake, behavior or utility.”  No fire or other emergency drills conducted on night (2200-0600) shift.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<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>A quarterly drill schedule.</p> <p><b><u>FINDINGS</u></b>  Hawaii Island Recovery "Residential Program Policies and Procedure Section Title: Emergency Safety Drills read: I. . . . Unannounced emergency drills shall be conducted for each separate emergency at least annually on each shift, at each location, and for each level of service: This means we need to have an annual drill for each emergency procedure – for each shift. Fire, earthquake and bomb drills include evacuation of staff and patients."  Review of drills for October 2020 – October 2021 reflected drills for fire completed monthly on either day (0600-1400) or evening (1400-2200) shift accompanied by one of the following rotating drills: "lockdown, tsunami, hurricane, earthquake, behavior or utility."  No fire or other emergency drills conducted on night (2200-0600) shift.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>1. The Managing Director (MD) met with the state representative during the facility site visit and discussed procedures regarding Emergency Safety Drills. The state representative suggest that HIR amend our policy to allow for addendum.</p> <p>2. Admissions Director emailed recommendations from state representative to Quality Assurance Specialist (QAS) following the site visit to amend our policy to follow the recommendations from the state representative.</p> <p>3. QAS made an update of the HIR Residential Program Policies and Procedure Section Title: Emergency Safety Drills page 80. The text now reads:</p> <p>"I. Safety drills are managed by the Managing Director, or their assignee. Unannounced emergency drills shall be conducted for each separate emergency at least annually. The emergency drills will be conducted in a monthly rotation in a way that ensures that one emergency drill is conducted monthly. This will take place in such a way that at least one drill is performed during the day shift per quarter and one drill is performed during the evening shift per quarter at the residential facility. At the office one emergency drill is conducted monthly during the timeframe where staff is present at the office. Fire, earthquake and bomb drills include evacuation of staff and patients."</p>	<p style="text-align: center;">10.29.2021</p> <p style="text-align: center;">11.4.2021</p> <p style="text-align: center;">January 2022</p>

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<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure; administrative and organizational plan.</u> (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><b><u>FINDINGS</u></b>  Hawaii Island Recovery "Residential Program Policies and Procedure Section Title: Medication Use read: B. Medication prescribing will be documented for all medications of each person served; including prescription and nonprescription medications, which include: a) The name of medication, b) The dosage, c) The frequency, d) Instructions for use including method/route of administration . . . h) PRN medications given to the person served, including the reason."  Resident #1 – medication bin contained one (1) bottle of "Senna 8.6 mg"; however, no physician order for administration and the medication was not listed on the October 2021 medication record.</p>	<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>1. The Managing Director (MD) met with the state representative during the facility site visit and discussed procedures for medication control including storage and labeling of medication as described in the Hawaii Island Recovery Policy and Procedure entitled: "Residential Program Policies and Procedure Section: Medication Use read: B. Medication Prescribing will be documented for all medications of each person served; including prescription and nonprescription medications..."  Audit found:  Resident #1 - medication bin contained one (1) bottle of "Senna 8.6 mg"; however, no physician order for administration and the medication was not listed on the October 2021 medication record.</p> <p>2. MD met with Registered Nurse (RN) and Medical assistant (MA) and performed an audit of the documentation for all medications for each person served to make sure that all prescription as well as nonprescription medications was correctly documented with dosage, frequency, instructions for method/route as well as reason for all medication.</p> <p>3. MD discussed the findings from the facility site visit at the monthly RM meeting to repeat the correct medication policies and procedures for all staff with direct patient contact.</p>	<p style="text-align: center;">10.29.2021</p> <p style="text-align: center;">11.1.2021</p> <p style="text-align: center;">11.10.2021</p>

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<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure; administrative and organizational plan.</u> (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><b><u>FINDINGS</u></b>            Hawaii Island Recovery "Residential Program Policies and Procedure Section Title: Medication Use read: B. Medication prescribing will be documented for all medications of each person served; including prescription and nonprescription medications, which include: a) The name of medication, b) The dosage, c) The frequency, d) Instructions for use including method/route of administration . . . h) PRN medications given to the person served, including the reason."            Resident #1 – medication bin contained one (1) bottle of "Senna 8.6 mg"; however, no physician order for administration and the medication was not listed on the October 2021 medication record.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <ol style="list-style-type: none"> <li>1. Managing Director (MD) met with Registered Nurse (RN) and Medical Assistant (MA) and initiated a review of medication control procedures to make sure that physician order for all medication and medication administration is listed on the medication record.</li> <li>2. Moving forward MA perform ongoing weekly audits of medication record to make sure that all prescribed and over the counter medication is listed in the medication record.</li> <li>3. Pharmacist perform quarterly audits of medication control procedures at the facility ensuring correct administration and medication record as well as storage and labeling of all prescribed medication as well as over the counter medication.</li> <li>4. Required training for all RM and PCC staff in Medication Management &amp; HIPAA - including Medication use and inventory, Medication Management, Medication Use Practices.</li> </ol>	<p style="text-align: center;">11.1.2021</p> <p style="text-align: center;">11.10.2021</p>

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<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure; administrative and organizational plan.</u> (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><b><u>FINDINGS</u></b>            Hawaii Island Recovery "Residential Program Policies and Procedure Section Title: Medication Use read: Medication Control – HIR has written procedures for voluntary disposal of unused or expired medications that patients submit to our medical staff for disposal."            Stock meds contained "Ibuprofen 200 mg <u>exp. 01/21</u>"</p>	<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> <ol style="list-style-type: none"> <li>1. The Managing Director (MD) met with the state representative during the facility site visit and discussed HIR procedures for voluntary disposal of unused or expired medications that patients submit to our medical staff for disposal.            Audit found that stock medication contained "Ibuprofen 200 mg exp. 01/21"</li> <li>2. MD met with Registered Nurse (RN) and Medical assistant (MA) and performed an audit of the expiration date for all medications to make sure that all unused or expired medications are disposed.</li> <li>3. MD discussed the findings from the facility site visit at the monthly RM meeting to repeat the correct medication policies and procedures including disposal of expired medication for all staff with direct patient contact.</li> </ol>	<p style="text-align: center;">10.29.2021</p> <p style="text-align: center;">11.1.2021</p> <p style="text-align: center;">11.10.2021</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure; personnel.</u> (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.</p> <p><b><u>FINDINGS</u></b>  Staff #1, one (1) step tuberculosis (TB) skin test completed on 03-11-21. No two (2) step TB skin test prior to resident contact on 04-02-21.</p>	<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> <ol style="list-style-type: none"> <li>1. The Managing Director (MD) met with the state representative during the facility site visit and discussed audit of employee/contractor records. Staff #1, one (1) step tuberculosis (TB) skin test was completed on 3.11.21. No two (2) step TB skin test was on record for the staff prior to resident contact on 4.2.21.</li> <li>2. Admissions Director emailed a list of findings from the facility site visit to Quality Assurance specialist (QAS) to investigate the whereabouts of the second (2) step TB skin test.</li> <li>3. QAS performed an audit of current employee and contractor files. Staff#1 file with deficiency related to missing 2nd step Tuberculosis (TB) test was identified.</li> <li>3. QAS contacted Staff#1 who confirmed that the step 2 TB test was conducted at the office of the Medical Director prior to patient contact on 4.2.21, but the documentation had not been delivered from the doctor's office.</li> <li>4. QAS received the missing documentation from the office of the medical director stating that Staff#1 had completed both TB skin tests on 3.26.21.</li> </ol>	<p>10.29.2021</p> <p>11.4.2021</p> <p>11.19.2021</p> <p>11.19.2021</p> <p>11.26.2021</p>



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☒	<p>§11-98-11 <u>Minimum standards for licensure; personnel.</u> (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.</p> <p><b><u>FINDINGS</u></b>  Staff #1, one (1) step tuberculosis (TB) skin test completed on 03-11-21. No two (2) step TB skin test prior to resident contact on 04-02-21.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></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>1. QAS created a 1 page checklist to follow when on-boarding new hires to ensure compliance with personnel medical files and will continue to participate in new hire processes. The checklist is posted on a visible place at the desk where the personnel files are kept under lock as a reminder.</p> <p>2. QAS and Office Administrator (OA) continually update personnel file spreadsheet to track all information for employees and contractors is up to date and will continue to update and review spreadsheet upon hire and quarterly to ensure future institutional compliance with pre-employment physical examination and 2 Step TB skin test for new employees and contractors with more than 10 hours of patient contact/week.</p>	<p>11.19.2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (2) Individual records shall be kept on each resident which contain the following:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #2, admitted on 10-20-21 – chest x-ray dated 10-20-21 read: "Reason: Chest pain." No TB skin test administered following admission of 10-20-21.</p>	<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> <ol style="list-style-type: none"> <li>1. The Managing Director (MD) met with the state representative during the facility site visit and discussed audit of patient TB files and found for Patient #2, admitted on 10-20-21 - chest x-ray dated 10-20-21 read: "Reason: Chest pain." No TB skin test administered following admission of 10-20-21.</li> <li>2. X-ray was double checked by Doctor. X-ray showed no sign of TB exposure.</li> <li>3. Patient scheduled for a follow up TB skin test Monday 11.1.2021.</li> <li>4. Results came back negative on 11.3.2021</li> </ol>	<p style="text-align: center;">10.29.2021</p> <p style="text-align: center;">11.1.2021</p> <p style="text-align: center;">11.3.2021</p>

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<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (2) Individual records shall be kept on each resident which contain the following:</p> <p>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;</p> <p><b><u>FINDINGS</u></b> Resident #2, admitted on 10-20-21 – chest x-ray dated 10-20-21 read: “Reason: Chest pain.” No TB skin test administered following admission of 10-20-21.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>1. Admissions Director (AD) met with PCC team to audit and discuss procedures for TB tests for patients - including coding on requisitions. This will ensure that emergency x-rays have proper diagnosis coding on the requisition. In case of a chest x-ray on TB indication - a reminder to follow up with a TB skin test ASAP.</p> <p>2. Admissions Director (AD) will do monthly reviews of patient files to ensure future institutional compliance with standards for licensure - including appropriate medical follow up on TB testing.</p>	<p>11.1.2021</p>

Licensee's/Administrator's Signature: James M. Kayihura

Print Name: Jimmy Kayihura

Date: 1.12.2022