

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Salvation Army - Ku Ho'omana Family Intervention Services	CHAPTER 98
Address: 1786 Kinoole Street, Hilo, Hawaii 96720	Inspection Date: April 26, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services.</u> (c) Menus and food service shall meet the nutritional needs of the residents.</p> <p><u>FINDINGS</u> Menus did not meet the nutritional needs of the residents, as there was no evidence that the menus were developed using evidenced-based criteria.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>OUR DIETICIAN MET WITH THE DOH NUTRITIONIST AND RE-DID ALL OF OUR MENUS TO MEET THE NUTRITIONAL NEEDS OF OUR RESIDENTS.</p>	9/14/21

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<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services.</u> (c) Menus and food service shall meet the nutritional needs of the residents.</p> <p><u>FINDINGS</u> Menus did not meet the nutritional needs of the residents, as there was no evidence that the menus were developed using evidenced-based criteria.</p>	<p>PART 2</p> <p><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>OUR DIETICIAN DID AN IN-SERVICE TRAINING WITH ALL STAFF REGARDING THE NEW MENUS. DIETICIAN WILL ALSO BE DOING MONTHLY FOLLOW UPS TO MAKE SURE THE MENUS ARE BEING FOLLOWED.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-06 <u>Disaster preparedness</u>, (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:</p> <p><u>FINDINGS</u> "Salvation Army Ku Ho'omana Family Intervention Services Policies & Procedures Topic: Emergency Procedures" did not identify a drill schedule.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>THE DRILL SCHEDULE IS NOW BEING FOLLOWED BY ALL STAFF. DRILL SCHEDULE WAS REVIEWED WITH ALL STAFF IN STAFF MEETING.</p>	<p>4/26/21</p>

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<input checked="" type="checkbox"/>	<p>§11-98-06 <u>Disaster preparedness.</u> (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:</p> <p><u>FINDINGS</u> "Salvation Army Ku Ho'omana Family Intervention Services Policies & Procedures Topic: Emergency Procedures" did not identify a drill schedule.</p>	<p>PART 2</p> <p><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>A STAFF MEMBER HAS BEEN ASSIGNED THE TASK OF SCHEDULING ALL DRILLS ON STAFF'S MONTHLY CALENDAR. STAFF WILL DOCUMENT DRILLS IN OUR LOG. DRILLS WILL BE DONE MONTHLY. PROGRAM SUPERVISOR WILL MONITOR DRILLS SCHEDULE AND DOCUMENTATION</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> No policy and procedures for use of stock medications and disposal. The following medications were expired:</p> <ul style="list-style-type: none"> • "Antacid" • "Laxative" • "Ibuprofen" • "Benadryl" 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>THE NURSE PROPERLY DISPOSED OF ALL EXPIRED STOCK MEDICATIONS.</p> <p>NURSE CREATE A POLICY AND PROCEDURES FOR THE USE OF STOCK MEDICATIONS AND ITS DISPOSAL.</p>	4/27/21

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<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure; administrative and organizational plan.</u> (c) 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><u>FINDINGS</u> No policy and procedures for use of stock medications and disposal. The following medications were expired:</p> <ul style="list-style-type: none"> • "Antacid" • "Laxative" • "Ibuprofen" • "Benadryl" 	<p>PART 2</p> <p><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>CREATE A WEEKLY AUDIT LOG TO CHECK ALL MEDICATIONS AND EXPIRATION DATES.</p> <p>IN SERVICE STAFF ON MEDICATION ADMINISTRATION, STORING OF MEDICATION AND DISPOSAL OF EXPIRED MEDICATIONS.</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><u>FINDINGS</u> Staff #1 – hired 06-16-20, with history of past positive tuberculosis (TB) symptoms screening completed on <u>01-27-21</u>.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	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><u>FINDINGS</u> Resident #2 – “negative TB risk assessment” completed on 03-09-21. No TB skin test completed prior to admission.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>NURSE REQUESTED YOUTH TAKE A TB TEST AS ONE WASN'T DONE PRIOR TO ADMISSION.</p>	8/11/21

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Kitchen was not equipped with a metal stem thermometer for checking hot and cold temperatures.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>METAL STEM THERMOMETER WAS IN THE KITCHEN DRAWER. ALL STAFF WAS INFORMED OF ITS LOCATION.</p>	<p>4/26/21</p>

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Licensee's/Administrator's Signature: R. E. Costa

Print Name: ROXANNE COSTA

Date: 9/24/21

Licensee's/Administrator's Signature: f - Z. Costa

Print Name: ROXANNE COSTA

Date: 12/13/21