

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: 15 Craigside	CHAPTER 90
Address: 15 Craigside Place, Honolulu, Hawaii 96817	Inspection Date: March 14, 2022 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p>FINDINGS Resident #1 – No documented evidence the initial comprehensive assessment and service plan were completed and developed prior to admission. Initial comprehensive assessment and service plan were developed on 9/11/20, same as admission date.</p> <p>Resident #2 – No documented evidence the initial service plan was developed prior to admission. Initial service plan was developed on 5/4/21, admission date was 4/23/21.</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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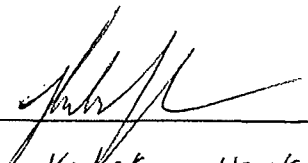
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<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence the initial comprehensive assessment and service plan were completed and developed prior to admission. Initial comprehensive assessment and service plan were developed on 9/11/20, same as admission date.</p> <p>Resident #2 – No documented evidence the initial service plan was developed prior to admission. Initial service plan was developed on 5/4/21, admission date was 4/23/21.</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>To ensure a similar deficiency does not reoccur, Clinic Manager (CM) or designee will meet with resident and/or resident representative prior to admission. During this meeting, CM will have the printed forms (resident's comprehensive assessment and service plan) ready for review and will have resident and/or resident representative sign forms prior to being enrolled in the Assisted Living Program. To ensure the forms are signed and completed, the forms will then be reviewed, scanned and attached to the residents Electronic Medical Records by the Clinic Ward Clerk.</p> <p>On 3/28/2022 Clinic staff (Licensed Nurses, Administration and Ward Clerks) were in-serviced on process for having the resident's comprehensive assessment and service plan signed prior to the admission. Please see attached in-service document: Resident comprehensive assessment and service plan is signed prior to admission.</p>	<p>3.28.2022 and ongoing</p>

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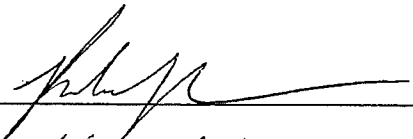
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><u>FINDINGS</u> Resident #3 – No documented evidence of an initial 2-step tuberculosis clearance. Submit a copy with plan of correction.</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">MAR 17 22 03:03</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>Deficiency was corrected on 3.14.2022. Evidence of initial 2-step was located in the electronic medical record (EMR) and emailed to DOH surveyor on 3.14.2022.</p>	<p>3.14.2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p>FINDINGS Resident #3 -- No documented evidence of an initial 2-step tuberculosis clearance. Submit a copy with plan of correction.</p> <p style="text-align: right;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p style="text-align: right;">22 MAR 29 A8:43</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>To ensure a similar deficiency does not reoccur, on 3/28/2022 Clinic staff (Licensed Nurses, Administration and Ward Clerks) were trained on how to properly locate resident's TB documents within the Electronic Medical Records. Resident's TB documents will be reviewed monthly by Clinic Ward Clerk, to ensure they are completed and uploaded correctly to the resident chart. Please see attached in-service document: How to access resident TB using Electronic Medical Record.</p>	<p>3.28.2022 and ongoing</p>

Licensee's/Administrator's Signature: 
Print Name: Keleka Huokana
Date: 3/17/2022

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Licensee's/Administrator's Signature: 
 Print Name: Kelena Houlawa, NAA
 Date: 3/28/2022

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