

Office of Health Care Assurance

'22 OCT 26 P1:49

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Maunalei Hale	CHAPTER 89
Address: 3460A Maunalei Avenue, Honolulu, Hawaii 96816	Inspection Date: May 23, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>, (d)(1) The caregiver and administrator shall also complete clearances from:</p> <p>Adult and child abuse and neglect registry.</p> <p><u>FINDINGS</u> CCG #1, CCG #2, & HHM – No documentation of background check results with APS and CPS registry.</p>	<p style="text-align: right;">22 OCT 26 P1:49</p> <p style="text-align: center;">PART I</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>Fieldprint results with APS and CAN registry have been obtained for CCG #1, CCG #2 and HHM, placed in the care home binder and are available for review by the department.</p>	<p>10/05/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 Licensure. (d)(1) The caregiver and administrator shall also complete clearances from:</p> <p>Adult and child abuse and neglect registry.</p> <p><u>FINDINGS</u> CCG #1, CCG #2, & HHM – No documentation of background check results with APS and CPS registry.</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><i>have made a grid noting clearance expiration dates. grid visible so I will be aware of upcoming need to recertify. I have also put it on my calendar to ensure I do not overlook it.</i></p>	<p>7/13/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (d)(1) The caregiver and administrator shall also complete clearances from:</p> <p>Adult and child abuse and neglect registry.</p> <p><u>FINDINGS</u> CCG #1, CCG #2, & HHM – No documentation of background check results with APS and CPS registry.</p>	<p>22 OCT 26 P1:49</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>I have made a grid noting clearance expiration dates. Grid is visible so I will be aware of upcoming need to recertify. I have also put it on my home calendar so I do not overlook it.</p>	<p>10/05/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-3 <u>Licensure</u>. (d)(2) The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u> CCG #1, CCG #2, & HHM – No documentation of the required fieldprint background checks.</p>	<p>22 OCT 26 P1:49</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>Fieldprint background checks for CCG #1, CCG #2, and HHM have been obtained. The results are filed in the care home binder and are available for review by the department.</p>	<p>10/05/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-3 <u>Licensure</u>. (d)(2) The caregiver and administrator shall also complete clearances from:</p> <p>Hawaii criminal justice data center - Federal bureau of investigation fingerprinting clearance.</p> <p><u>FINDINGS</u> CCG #1, CCG #2, & HHM – No documentation of the required fieldprint background checks.</p>	<p style="text-align: right;">22 OCT 26 PM 1:49</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>I have made a grid noting clearance expiration dates. The grid is visible so I will be aware of the upcoming need to recertify. I have also put it on my calendar to ensure I do not overlook it.</p>	<p>10/05/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-9 <u>General staff health requirements.</u> (d) The department may require an examination by a physician of any caregiver, administrator or staff as a condition for continued licensure at any time the department feels the health or safety of residents may be in danger. The examination shall be oriented to determine if the caregiver, administrator or staff person is capable of caring for the residents or has a condition which would endanger the health or safety of residents.</p> <p><u>FINDINGS</u> CCG #1 & CCG #2 – No documented evidence of eight (8) hours of continuing education credits for this inspection year.</p>	<p>PART 1 '22 OCT 26 P1:49</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>CCG #1 and CCG #2 have completed 8 hours of continuing education credit. Documentation has been placed in the home binder for review by the department.</p>	<p>07/24/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-9 <u>General staff health requirements.</u> (d) The department may require an examination by a physician of any caregiver, administrator or staff as a condition for continued licensure at any time the department feels the health or safety of residents may be in danger. The examination shall be oriented to determine if the caregiver, administrator or staff person is capable of caring for the residents or has a condition which would endanger the health or safety of residents.</p> <p><u>FINDINGS</u> CCG #1 & CCG #2 – No documented evidence of eight (8) hours of continuing education credits for this inspection year.</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>I have made a grid noting clearance expiration dates. The grid is visible so I will be aware of the upcoming need to recertify. I have also put it on the home calendar so I do not overlook it.</p>	<p>07/24/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION 22 OCT 26 PT 49	Completion Date
	<p>§11-89-9 <u>General staff health requirements.</u> (f)(1) Responsible adults shall be capable of managing any emergency occurring in the facility as well as the caregiver could have managed had he or she been present. At a minimum, the responsible adult shall have the following skills during the periods of absence of the certified caregiver. This does not preclude the temporary transfer of the residents to another suitable certified and licensed facility.</p> <p>Able to communicate, read and write in the English language.</p> <p><u>FINDINGS</u> CCG #1 & CCG #2 – No documented evidence of current CPR clearance.</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>I have made a grid noting clearance expiration dates. The grid is visible so I will be aware of the upcoming need to recertify.</p> <p>I have also put it on the home calendar so I do not overlook the need.</p>	<p>07/05/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-9 <u>General staff health requirements.</u> (f)(1) Responsible adults shall be capable of managing any emergency occurring in the facility as well as the caregiver could have managed had he or she been present. At a minimum, the responsible adult shall have the following skills during the periods of absence of the certified caregiver. This does not preclude the temporary transfer of the residents to another suitable certified and licensed facility.</p> <p>Able to communicate, read and write in the English language.</p> <p>FINDINGS CCG #1 & CCG #2 – No documented evidence of current CPR clearance.</p>	<p>PART 222 OCT 26 PT 49</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><i>I have made a grid noting clearance expiration dates. Grid is visible so I will be aware of upcoming need to recertify. I have also put it on my care home calendar to ensure I do not overlook it.</i></p>	<p>07/05/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-9 <u>General staff health requirements.</u> (f)(4) Responsible adults shall be capable of managing any emergency occurring in the facility as well as the caregiver could have managed had he or she been present. At a minimum, the responsible adult shall have the following skills during the periods of absence of the certified caregiver. This does not preclude the temporary transfer of the residents to another suitable certified and licensed facility. Have a valid certificate in first aid training.</p> <p><u>FINDINGS</u> CCG #1 – No documented evidence current 1st aid certification.</p>	<p>20 JUN 26 P1:40 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>First Aid Clearances for CCG #1 and CCG #2 have been obtained, placed in the home care binder and are available for review by the department.</p>	<p>07/06/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-9 <u>General staff health requirements.</u> (f)(4) Responsible adults shall be capable of managing any emergency occurring in the facility as well as the caregiver could have managed had he or she been present. At a minimum, the responsible adult shall have the following skills during the periods of absence of the certified caregiver. This does not preclude the temporary transfer of the residents to another suitable certified and licensed facility. Have a valid certificate in first aid training.</p> <p><u>FINDINGS</u> CCG #1 – No documented evidence current 1st aid certification.</p>	<p style="text-align: right;">*22 OCT 26 P1:49</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>I have made a grid noting clearance expiration dates. The grid is visible so I will be aware of the upcoming need to recertify. The expiration dates are also entered into the home calendar to ensure they will not be overlooked.</p>	<p>07/04/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> No documented evidence of monthly smoke detector checks.</p>	<p>PART 1 22 OCT 26 PT 50</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Results of each month's home detector tests have been recorded on a grid and placed in the home binder for review by the department</p>	<p>7/08/2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> No documented evidence of monthly smoke detector checks.</p>	<p>PART 2 '22 OCT 26 P1:51</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>I have created a list of the dates of future smoke detector tests and posted it where visible so the need for testing</p> <p>I have also inserted the testing dates on the care home calendar to ensure the need is not overlooked</p>	<p>07/08/2022</p>

Licensee's/Administrator's Signature: Barbara Pickett

Print Name: Barbara Pickett

Date: July 31, 2022

'22 OCT 26 P1 50

STATE OF
MASSACHUSETTS
STATE LICENSING

Licensee's/Administrator's Signature: Barbara Poole-Street

Print Name: Barbara Poole-Street

Date: 10/08/22

resubmitted 10/22/22