

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Big Island Substance Abuse Council (BISAC)	CHAPTER 98
Address: 136 Laukona Street, Hilo, Hawaii 96720	Inspection Date: November 17, 2022 – Initial

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>§11-98-10 <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> Big Island Substance Abuse Council (BISAC) policy and procedures relating to medication administration did not address the current medication procedures.</p>	<p style="text-align: center;"><u>PART 1</u></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>Yes. We have revised our current medication administration policy and procedures.</p>	<p>11/18/2022</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>FINDINGS Big Island Substance Abuse Council (BISAC) policy and procedures relating to medication administration did not address the current medication procedures.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;">FUTURE PLAN</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>We will ensure that all policies and procedures are updated with current processes. Staff (Peer Specialist, Resident Manager, Medical Director) will be trained in the updated procedures to ensure that they are following the policy.</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 – admitted 07-29-22, tuberculosis (TB) skin test completed after admission on 08-05-22.</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>	

	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 – admitted 07-29-22, tuberculosis (TB) skin test completed after admission on 08-05-22.</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>BISAC's policy regarding TB clearances for clients will be updated to reflect the emergency admission of clients who either don't have a TB clearance completed upon admission or if it does not have all of the required information. Case Managers, QA, Medical Director and Program Director will be retrained on this updated policy.</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><u>FINDINGS</u> Resident #3 – admitted 08-22-22, TB skin test completed 10-22-21. No current TB skin test.</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>Client completed an updated TB test on 11/17/2022. Documentation placed in client's chart.</p>	<p>11/17/2022</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><u>FINDINGS</u> Resident #3 – admitted 08-22-22, TB skin test completed 10-22-21. No current TB skin test.</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>Resident Coordinator, Program Director and Health & Safety Manager will work together on developing and updating the policy and procedures, regarding these types of instances. Staff will be trained on the updated policy to ensure that they are monitoring the expiration date of the TB clearance.</p>	

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<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (11) Individual records shall be kept on each resident which contain the following:</p> <p>Height and weight, which shall be recorded, upon admission and thereafter, quarterly;</p> <p><u>FINDINGS</u> Resident #1 – admitted 10-25-22, no admission height and weight documented.</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>Peer Specialist will be reminded of our policy and will ensure that proper documentation into the client's chart regarding their height and weight is completed.</p>	

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Licensee's/Administrator's Signature: 

Print Name: Hannah Preston-Pita

Date: 12/6/22