

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Ku'ike	CHAPTER 100.1
Address: 95 Kawanakoa Place, Honolulu, Hawaii 96817	Inspection Date: September 1 & 2, 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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p>FINDINGS Employee #1 – On annual physical exam form it states, “Is there any evidence of infectious disease or any symptoms of skin lesions, respiratory tract symptoms, diarrhea, or other symptoms to indicate the presence of infectious diseases which may potentially harm others?” Here, the employee’s physician checked, “Yes.”</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. Physical form was redone by employee #1 PCP. The physician now checked "No". to the question: "Is there any evidence of infectious disease) or any symptoms of skin lesions, respiratory tract symptoms, diarrhea, or other symptoms to indicate the presence of infectious diseases which may potentially harm others?"</p> <p>(copy of physical form attached)</p>	<p style="text-align: center;">22 SEP 26 P 3:46</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Employee #1 – On annual physical exam form it states, “Is there any evidence of infectious disease or any symptoms of skin lesions, respiratory tract symptoms, diarrhea, or other symptoms to indicate the presence of infectious diseases which may potentially harm others?” Here, the employee’s physician checked, “Yes.”</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>The DON will review all physical exam clearances as they come in. The Nursing Coordinator will then double check that all forms have been filled out correctly and signed by a physician or APRN immediately after DON review.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence that the 7/7/2022 “fine chopped,” diet order was clarified with the physician to include the type of diet.</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 style="text-align: center;">Deficiency was corrected. Diet was clarified with PCP. to include type of diet. Clarification attached.</p>	<p style="text-align: center;">22 SEP 26 P 3:11</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence that the 7/7/2022 “fine chopped,” diet order was clarified with the physician to include the type of diet.</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>The DON will review all diet orders to ensure they are complete as they are received. The Nursing Coordinator will then double check these diet orders after the DON reviews to make sure everything is properly filled out.</p>	

Licensee's/Administrator's Signature: 

Print Name: Marcus Asahina

Date: 9/20/22

SEP 26 11 31 AM '22
STATE DEPARTMENT OF REVENUE

Licensee's/Administrator's Signature: 

Print Name: Marcus Asahina

Date: 12/21/22

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