

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ho'omau Ke Ola III	CHAPTER 98
Address: 84-742 Farrington Highway, Waianae, Hawaii 96792	Inspection Date: November 10, 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.

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING

22 DEC -9 10:09

DEC/09/2022/FK1 09:04 AM HO OMAU KE OLA ADMIN FAA NO. 008 3/042/U F. 003

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure: services.</u> (1) Individual records shall be kept on each resident which contain the following:</p> <p>Within twenty-one days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a current physical examination clearance on admission.</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>	<p>22 DEC -9 AM 10:09</p> <p>STATE AFFAIRS DGH-1001 STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (1) Individual records shall be kept on each resident which contain the following:</p> <p>Within twenty-one days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file;</p> <p>FINDINGS Resident #1 – No documented evidence of a current physical examination clearance on admission.</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 style="text-align: center;">Client Isaac Afuola was taken to WCCHC on 04/25/2022 to obtain a Tuberculosis clearance (Please see attached). TB clearance was not filed in Clients chart, HKO Staff will file all documents in client charts upon return to facility.</p>	<p style="text-align: center;">22 DEC -9 110 :09</p> <p style="text-align: center;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</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 #1 – No documented evidence of a current tuberculosis clearance on admission.</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>	<p>22 DEC -9 AM 10</p> <p>STATE OF IOWA <small>Dept. of Public Health</small> STATE LICENSING</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 #1 – No documented evidence of a current tuberculosis clearance on admission.</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 style="text-align: center;">Client Isaac Afuola was taken to WCCHC on 04/25/2022 to obtain a physical (Please see attached). Physical was not filed in Clients chart, HKO Staff will file all documents in client charts upon return to facility.</p>	<p>22 DEC -9 AMO 1:0</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE OF HAWAII POLICE STATE LICENSING</p>

REV/001/2024/141 00:00 AM THU 06/06/2024 10:04 AM

Licensee's/Administrator's Signature: Alexis Bontog

Print Name: Alexis Bontog

Date: 12/05/2022

STATE OF HAWAII
DHHS
STATE LICENSING

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