

Address: 604 Maunaloa Hwy
 Kaunakakai, HI 96748
 808-344-4958

**Na Pu'uwai - Adult Day Care Center (ADCC)
 Deficiency Report**

3/8/2023		Date Corrective Action Plan is Due:	4/8/2023
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliance findings
OK	3	Application for Certificate of Approval	
	11	Administration	11(c)(1)-Staff # 4 did not have current APS/CAN, Staff #7 did not have current eCrim/Fingerprint
	12	Personnel and Staffing	12(3) - Staff #1, #4, and #6 did not have a current CPR/First Aid training 12(4) - Staff #3 and #6 did not have a current Physical exam completed within the last year.
	13	Admissions	13(c) - Client #1 did not have evidence that an interview was conducted at time of admission. Client # 1, 2, 4, & 5 did not have evidence of a service plan initiated since admission
OK	14	Participant Fees	
OK	15	Transportation	
OK	16	Services for Center Participants	
OK	17	Physical Location	
	18	Fire Protection	18(1) - ADCC was missing the following evidence of fire drill completion, Jan, Mar, Apr, July, Nov, Dec 2022
OK	19	Other Disasters and Evacuations	

The CTA Compliance Manager has reviewed the above items with me and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide a written plan of correction to CTA within the timeframe stated above.

If this box is checked then I understand that I met all requirements and no corrective action is required

PRINT NAME: Kari Kaahannui

SIGNATURE: *KP Kaahannui* Date: 3/8/2023

Compliance Manger Signature *Terri VanHouten* Date: 3/8/2023

CTA RN Compliance Manager: _____

Terri Van Houten RN

**Adult Day Care Center (ADCC)
Written Plan of Correction (POC)
Chapter 17-1424**

Name on ADCC Certificate: _____

Na Pu'uwai

(PLEASE PRINT)

ADCC Physical Address: _____

602 Maunaloa Hwy, Building B, Kaunakakai, HI 96748

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
11 (c)(1)	Staff #4 - current APS/CAN printed	03/08/2023	File audit every six (6) months to ensure all required documentation is printed and filed properly.
	Staff #7- eCrim done immediately	03/17/2023	An alarm has been put on an electronic calendar to alert two (2) weeks in advance of expiration.
12(3)	Staff #1, #4, #6 - CPR printed immediately	03/08/2023	File audit every six (6) months to ensure all required documentation is printed and filed properly.
12(4)	Staff #3 - Staff was seen by PCP for physical	03/16/2023	An alarm has been put on an electronic calendar to alert one (1) month in advance of expiration.
	Staff #4 - Current Physical printed	03/08/2023	File audit every six (6) months to ensure all required documentation is printed and filed properly.
13(c)	Client #1 - Assessment printed	03/08/2023	File audit every six (6) months to ensure all required documentation is printed and filed properly.
	Client #1, & 5 - Care Plan printed	03/08/2023	File audit every six (6) months to ensure all required documentation is printed and filed properly.
	Client #2, & #4- Care plan signed by caregiver or client	03/08/2023	An alarm has been put on an electronic calendar to alert one (1) month in advance of expiration, and one (1) week in advance of expiration to alert for follow up.
18(1)	Program Operations Manager and Program Assistant retrained for proper documentation of fire drills.	03/20/2023	An alarm has been put on an electronic calendar to alert on the first business day of each month to conduct a fire drill and check smoke alarm.

All items that were fixed are attached to this CAP

ADCC Signature: _____

Kari Kaahanui

ADCC PRINT Name: _____

Kari Kaahanui

Date: 04/04/2023

CTA has reviewed all corrected items