

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E Ho'oulu Hou Elua Program	CHAPTER 98
Address: 2848 Park Street, Honolulu, Hawaii 96817	Inspection Date: January 12, 2023 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.

23 JAN -5 PM '23

	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 #3 – No documented evidence of a current tuberculosis clearance signed by a physician or advanced practice registered nurse (APRN).</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>The resident had a TB test at placement. Staff forgot to request another TB test at his annual physical. Client was discharged on Feb 23, 2023. We did not receive this plan until 3/02/23.</p> <p>Plan: At placement, the Intake Worker will put a reminder on the program calendar for the annual physical, TB test, and updated consents. For clients already in the program, the reminder was already put on the program calendar.</p>	<p style="text-align: center;">3/7/2023</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> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered “Ketoconazole 2% cream”, apply sparingly to affected area, twice a day” on 9/8/2022. On resident’s September 2022 medication administration record (MAR), it was noted that the aforementioned medication was discontinued on 9/30/2022. No documented evidence of a medication discontinue order from the physician or APRN.</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><i>The cream was not intended for long-term use. After about 3 weeks the issue had cleared, the cream was used up, and the medication was discontinued and noted in med file. We did not realize a medication discontinue order from physician or APRN was required for this type of short-term treatment. We consulted our nurse upon receiving this feedback.</i></p>	<p style="text-align: right;"><i>3/2/2023</i></p>

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