Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lanihale, Inc.	**CHAPTER 100.1**
Address: **187 Nenue Street, Honolulu, Hawaii, 96821**	**Inspection Date: January 25, 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing (b)(1)(I) Application In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law, **FINDINGS** Substitute Care Giver (SCG) #1, SCG #3, SCG #4 and SCG #5 – No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law. Please attach a copy of care givers Fieldprint results with your plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG # 1: SCG will no longer be working at Lanihale ARCH SCG # 3: Fieldprint Appointment scheduled for 2/15/2023 SCG # 4: Fieldprint Appointment scheduled for 2/16/2023 SCG # 5: Fieldprint Appointment scheduled for 2/13/2023 STATE OF HAWAII DOH-CHCA STATE LICENSING	'23 FEB -9 A9:24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-3 Licensing. (b)(1)(I) Application. In order to obtain a license, the applicant shall apply to the director upon forms provided by the department and shall provide any information required by the department to demonstrate that the applicant and the ARCH or expanded ARCH have met all of the requirements of this chapter. The following shall accompany the application. Documented evidence stating that the licensee, primary care giver, family members living in the ARCH or expanded ARCH that have access to the ARCH or expanded ARCH, and substitute care givers have no prior felony or abuse convictions in a court of law, **FINDINGS** Substitute Care Giver (SCG) #1, SCG #3, SCG #4 and SCG #5 – No current documented evidence stating aforementioned care givers have no prior felony or abuse convictions in a court of law. Please attach a copy of care givers Fieldprint results with your plan of correction	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Reminder checklists for all annual requirements are in place and will be reviewed and checked monthly by PCA. Reminder notification will be sent to SCGs prior to requirements expiring so that it will be completed in a timely manner. STATE LICENSING STATE OF HAWAII '23 FEB -9 A9:24	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (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 **FINDINGS** SCG #3 and SCG #5 – No current physical examination assessment done by physician or advanced practice registered nurse (APRN). Please attach a copy of care givers physical examination with your plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG # 3: Appointment made with PCP for physical examination scheduled for 2/15/23. SCG # 5: Appointment made with PCP for physical examination scheduled for 2/9/23. STATE OF HAWAII DCH-BHCA STATE LICENSING	'23 FEB -9 A9:24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100 1-9 Personnel, staffing and family requirements. (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. **FINDINGS** SCG #3 and SCG #5 – No current physical examination assessment done by physician or advanced practice registered nurse (APRN) Please attach a copy of care givers physical examination with your plan of correction	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Reminder checklists for all annual requirements are in place and will be reviewed and checked monthly by PCG. Reminder notification will be sent to SCGs prior to paperwork expiring so that it can be renewed in a timely manner. STATE OF HAWAII DOH-OHCA STATE LICENSING	'23 FEB -9 A9:25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100 1-9 Personnel, staffing and family requirements (e)(3) The substitute care giver who provides coverage for a period less than four hours shall. Be currently certified in first aid; **FINDINGS** SCG #1, SCG #3, SCG #4 and SCG#5 – No current First Aid certification. Please attach a copy of care givers' First Aid certification with your plan of correction.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** SCG # 1: SCG will no longer be working at Lanihale SCG # 3: First Aid Certification scheduled for 2/13/23. SCG # 4: First Aid Certification scheduled for 2/16/23. SCG # 5: First Aid Certification scheduled for 2/11/23. STATE OF HAWAII DOH-CHCA STATE LICENSING	'23 FEB -9 A9:25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100 1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall. Be currently certified in first aid, **FINDINGS** SCG #1, SCG #3, SCG #4 and SCG#5 – No current First Aid certification Please attach a copy of care givers' First Aid certification with your plan of correction.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Reminder checklists for all annual requirements are in place and will be reviewed and checked monthly by the PCG. Reminder notifications will be sent to SCGs prior to documents expiring so that it will be completed in a timely manner. STATE OF HAWAII DOH-OHCA STATE LICENSING	'23 FEB -9 A9:25

Licensee's/Administrator's Signature: Benah Christy Hussey

Print Name: Benah Christy Hussey

Date: 2/8/2023

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STATE OF HAWAII
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