Compliance Manager Name: Terri Van Houten RN Compliance Manager

> Address: 56 Ehiku St., Kihei, HI 96753

## Adult Day Care Center (ADCC)

## Deficiency Report - Maui ADCC-Kihei

Date of I	Date of Inspection: 10/25/22	Date Corrective Action Plan is Due:	
		11/26/22	
Check	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliant findings
×	3	Application for Certificate of Approval	
	11	Administration	One (1) staff did not have a current APS/CAN, Fingerprint or eCrim on file.
	12	Personnel and Staffing	One (1) staff is overdue for their annual physical, One (1) staff did not have a current CPR/FA on file
	13	Admissions	One (1) participant chart reviewed did not contain evidence of the family physician's contact phone number or address.
×	14	Participant Fees	
×	15	Transportation	
	16	Services for Center Participants	One participant had instruction note on chart for chopped food and thickened liquids. The ADCC did not have evidence that staff were trained to prepare thickened liquids and this was not reflected in the participant's care plan.
×	17	Physical Location	
×	18	Fire Protection	
×	19	Other Disasters and Evacuations	
	2		

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 timetrame strated above.

	rrective action is required		Date: 10/25/2022	DA Date: 10/25/2022
pian of confection to CTA within the timerame stated above.	If this box is checked then I understand that I met all requirements and no corrective action is required	PRINT NAME: MARGIE Dela CM2	SIGNATURE: WHINGUE ALLO (MUZ)	Compliance Manger Signature

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

Name on ADCC Certificate:	Maui Adult Day Care Center - Kihei		
	(PLEASE PRINT)		
ADCC Physical Address:	56 Ehiku Street, Kihei, HI 96753		
	(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	This staff was rehired 2/16/22 but didn't get the APS/CAN, eCrim updated. The staff was able to get them updated ASAP.	11/7/2022	Re-check all the rehired prior to starting to make sure all the necessary paperwork is updated.
12	Staff wasn't able to get an appointment to update her annual physical due to being sick and unable to get the early appointment.  She took the earliest appointment possible.	10/20/22	Due to COVID getting doctor's appointment is a challenge, so reminders for updating annual physical must be done 2-3 months ahead.
12	Staff did have a current CPR/First Aid certification but gave the wrong copy of her CPR/First Aid certificate without the date.	7/21/2022	Monitor closely the submitted information and let the staff know to get it corrected.
13	Contacted Client's POA; retrieved participant family Physician's contact number and address information.	11/15/2022	Make sure to collect participant family Physician's contact number and address during Intake interview prior to starting daycare.
16	Double checked with family and stated that we chopped participant foods to bite size and thickened liquids. Family further stated that they will provide thickener with instructions. In addition, we will ask the family to get the participant physician's order.	11/15/2022	Will update participant Care plan and will state that staff were trained to prepare thickened liquids by Unlicensed Assistive Person (UAP) that was trained and delegated nursing tasks by a registered nurse consultant.  Any changes on client needs will be reflected on the care plan. A registered Nurse consultant will train the UAP in in preparing thickened liquid.

	ed are attached to this C		
ADCC Signature:	Atangu dela Cri	B	
ADCC PRINT Name:	Margie Dela	Cmz	Date: 11/16/22
			, .

X CTA has reviewed all corrected items