STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Palolo Chinese Home Lani Booth	CHAPTER 100.1
Address: 2459 10 th Avenue, Honolulu, Hawaii 96816	Inspection Date: December 8, 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.

-	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.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	FINDINGS Substitute Care Giver (SCG) #1 – No annual physical examination. Please submit documentation with your plan of correction (POC).	Yes, see attached documentation. On 12/12/2022, the HR Director investigated and found the document on e-fax unknown to temporary hired staff at that time. On 12/12/2022, the HR Director audited the e-fax and all incoming fax have been addressed. There were no other fax pertaining to annual physical examination.	12/12/2022

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 Substitute Care Giver (SCG) #1 – No annual physical examination. Please submit documentation with your plan of correction (POC).	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? On 12/14/2022, HR Director reviewed and revised the Credentials Tracking policy. HR staff will utilize the HR/Payroll database. Reminders and Notifications have been set up to remind and notify employees, department managers and HR staff on a regular basis of upcoming expiration date.	12/14/2022
	On 12/16/2022, the HR Director educated all Human Resources staff on how the HR fax works and a SOP was created. HR Assistant will check incoming fax and maintain a daily log. The log will be verified by HR Generalist to ensure all faxes are addressed. On payday, every other Friday, HR staff will receive a	12/16/2022
,	report from the HR/Payroll database on a bi-weekly basis to verify information is updated correctly and documents are properly filed. This information will be reported to the QA Committee each quarter until such time consistent substantial compliance has been achieved as determined by the Committee.	12/16/2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS SCG #1 — No annual tuberculosis clearance. Please submit documentation with your POC.	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes, see attached documentation. On 12/12/2022, the HR Director investigated and found the document on e-fax unknown to temporary hired staff at that time. On 12/12/2022, the HR Director audited the e-fax and all incoming fax have been addressed. There were no other fax pertaining to annual tuberculosis clearance.	12/12/2022

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. FINDINGS SCG #1 — No annual tuberculosis clearance. Please submit documentation with your POC.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? On 12/14/2022, HR Director reviewed and revised the Credentials Tracking policy. HR staff will utilize the HR/Payroll database. Reminders and Notifications have been set up to remind and notify employees, department managers and HR staff on a regular basis of upcoming expiration date.	12/14/2022
The state of the s		On 12/16/2022, the HR Director educated all Human Resources staff on how the HR fax works and a SOP was created. HR Assistant will check incoming fax and maintain a daily log. The log will be verified by HR Generalist to ensure all faxes are addressed. On payday, every other Friday, HR staff will receive a report from the HR/Payroll database on a bi-weekly basis to verify information is updated correctly and documents are properly filed. This information will be reported to the QA Committee each quarter until such time consistent substantial compliance has been achieved as determined by the Committee.	12/16/2022

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:	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u>	
Be currently certified in first aid;	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
FINDINGS SCG#1 – No current first aid certification. Please submit documentation with your POC.	Yes, see attached documentation.	12/9/2022
	On 12/9/2022, the HR Director investigated and found the expiration date was entered incorrectly as 07/01/2022. It has been corrected to 07/01/2024. The document was misfiled and found.	
	On 12/12/2022, the HR Director audited the file and the dates are entered correctly for other employees and records are available.	12/12/2022
		A COLUMN TO A COLU

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:	PART 2 <u>FUTURE PLAN</u>	
Be currently certified in first aid; FINDINGS SCG#1 – No current first aid certification. Please submit	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
documentation with your POC.	On 12/14/2022, HR Director reviewed and revised the Credentials Tracking policy. HR staff will utilize the HR/Payroll database. The fields are clearly defined to avoid confusion of what date to enter in the field.	12/14/2022
	On 12/16/2022, all HR staff have been educated on how to determine the expiration date for first aid. The certification indicates valid period for 2 years so the expiration date would be 2 years from date completed, add 2 years to the completion date. HR staff made individual files labeled visibly by subject to avoid clutter with other paperwork. HR Generalist will review files every two week in sync with the audit.	12/16/2022
	On payday, every other Friday, HR staff will receive a report from the HR/Payroll database on a bi-weekly basis to verify information is updated correctly and documents are properly filed. This information will be reported to the QA Committee each quarter until such time consistent substantial compliance has been achieved as determined by the Committee.	12/16/2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; FINDINGS SCG#1 – No current cardiopulmonary resuscitation certification. Please submit documentation with your POC.	PLAN OF CORRECTION PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes, see attached documentation. On 12/9/2022, the HR Director investigated and found the expiration date was entered incorrectly as 07/01/2022. It has been corrected to 07/01/2024. The document was misfiled and found. On 12/12/2022, the HR Director audited the file and the dates are entered correctly for other employees and records are available.	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; FINDINGS SCG#1 – No current cardiopulmonary resuscitation certification. Please submit documentation with your POC.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? On 12/14/2022, HR Director reviewed and revised the Credentials Tracking policy. HR staff will utilize the HR/Payroll database. The fields are clearly defined to avoid confusion of what date to enter in the field. On 12/16/2022, all HR staff have been educated on how to determine the expiration date for first aid. The certification indicates valid period for 2 years so the expiration date would be 2 years from date completed, add 2 years to the completion date. HR staff made individual files labeled visibly by subject to avoid clutter with other paperwork. HR Generalist will review files every two week in sync with the audit. On payday, every other Friday, HR staff will receive a report from the HR/Payroll database on a bi-weekly basis to verify information is updated correctly and documents are properly filed. This information will be reported to the QA Committee each quarter until such time consistent substantial compliance has been achieved as determined by the Committee.	12/14/2022 12/16/2022

Licensee's/Administrator's Signature: _	Duren D
Print Name:	Darlen H. Nakagan
	1/4/23

RECEIVED