

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services.</u> (a) A special treatment facility shall have a written plan describing the organization and delivery of dietetic services and the utilization of the services of a qualified dietitian as required herein.</p> <p><u>FINDINGS</u> No documented evidence that the facility had a written plan describing the delivery of dietary services and utilization of a qualified dietitian.</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 style="text-align: center;">Sent to Annette Jackson on 2/8/23</p> <p style="text-align: center;">Attached is a copy of what was sent.</p>	<p style="text-align: center;">23 FEB 20 11:29</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services.</u> (b) Overall supervisory responsibilities for the food service shall be assigned to a food service manager knowledgeable in food values and nutrition, or one who is receiving such training from the consultant dietitian.</p> <p><u>FINDINGS</u> No documented evidence that the food service manager received training on food values and nutrition.</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 style="text-align: center;">Sent to Annette Jackson on 2/8/23</p> <p style="text-align: center;">Attached is what was sent.</p>	<p style="text-align: center;">23 FEB 29 AM 10:09</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services.</u> (b) Overall supervisory responsibilities for the food service shall be assigned to a food service manager knowledgeable in food values and nutrition, or one who is receiving such training from the consultant dietitian.</p> <p><u>FINDINGS</u> No documented evidence that the food service manager received training on food values and nutrition.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">-----</p> <p style="text-align: center;">Bi-annually the Compliance coordinator will ensure that documented evidence of the facilities food service manager training on food value and nutrition by a qualified dietitian is on file and available for department review.</p> <p style="text-align: center;">-----</p>	<p style="text-align: right; vertical-align: bottom;">23 APR 2010 10:12</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services.</u> (c) Menus and food service shall meet the nutritional needs of the residents.</p> <p><u>FINDINGS</u> No documented evidence that the facility utilizes menus that meet the nutritional needs of the residents.</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 style="text-align: center;">Sent to Annette Jackson on 2/8/23.</p> <p style="text-align: center;">Attached is what was sent.</p>	<p style="text-align: center;">23 FEB 28 AM 11:44</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services.</u> (c) Menus and food service shall meet the nutritional needs of the residents.</p> <p><u>FINDINGS</u> No documented evidence that the facility utilizes menus that meet the nutritional needs of the residents.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">Quarterly our Kitchen Manager will provide documented evidence that the facility utilizes menus that meet the nutritional needs of the residents to our Compliance coordinator who will ensure that they are on file and available for department review.</p>	<p style="text-align: center;">6/11/17</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (1) Individual records shall be kept on each resident which contain the following:</p> <p>Within twenty-one days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file;</p> <p><u>FINDINGS</u> Resident #3 & Resident #4 – No documented evidence of an admission physical examination clearance by a physician or advance 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 style="text-align: center;">youth were scheduled and taken to Kahuku Medical Clinic for their physical examination clearance on 12/23/23.</p>	<p style="text-align: center;">12/23/23</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure: services.</u> (1) Individual records shall be kept on each resident which contain the following:</p> <p>Within twenty-one days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file;</p> <p><u>FINDINGS</u> Resident #3 & Resident #4 – No documented evidence of an admission physical examination clearance by a physician or APRN.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">The registered Nurse will ensure that prior to admission all residents have documented evidence of a resident's physical examination or have a physical examination scheduled within 7 days of admission to Pearl Haven on file and available for department review.</p>	<p>23 APR 28 4:42</p>

	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 #1 & Resident #3 – No documented evidence of an admission tuberculosis clearance by a 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>Youth were scheduled and taken to Kahuku medical center to have their TB tests administered (12/20/23) and read (12/22/23.)</p>	<p>12/20/23</p>

	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 #1 & Resident #3 – No documented evidence of an admission tuberculosis clearance by a physician or APRN.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">The registered Nurse will ensure that prior to admission all residents have documented evidence of a resident's admission tuberculosis clearance by a physician or APRN or have an admission tuberculosis test scheduled within 7 days of admission to Pearl Haven on file and available for department review.</p>	<p style="text-align: right; vertical-align: bottom;">23 MAR 20 10 22</p>

Licensee's/Administrator's Signature: Elizabeth Porter

Print Name: Elizabeth Porter

Date: 3/8/23

Licensee's/Administrator's Signature: Elizabeth Porter

Print Name: Elizabeth Porter

Date: 2/27/23