Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pearl Haven	CHAPTER 98
Address: 58-130 Kamehameha highway, Haleiwa, Hawaii 96712	Inspection Date: December 16, 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
	§11-98-05 Dietetic services. (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. FINDINGS No documented evidence that the facility had a written plan describing the delivery of dietary services and utilization of a qualified dietician.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Sent to Annette Jackson on 2/8/23 Attached 15 9 copy of What was sent.	23 Fin 20 Fin 30

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
facili	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? Quarterly our Compliance coordinator will meet with our Dieticia and kitchen manager to complete a CQI to ensure that the ity has a current written plan describing the delivery of dietary set d the utilization of a qualified dietician on file for department revi	n vices
		23 (27.21)

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§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. FINDINGS No documented evidence that the food service manager received training on food values and nutrition.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	Sent to Annette Jackson on 2/8/22. Attached to What was sent.	23 FP 28 AT 23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-98-05 Dietetic services. (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. FINDINGS No documented evidence that the food service manager received training on food values and nutrition.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	doc o	Bi-annually the Compliance coordinator will ensure that sumented evidence of the facilities food service manager training in food value and nutrition by a qualified dietician is on file and available for department review.	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-98-05 <u>Dietetic services</u> . (c) Menus and food service shall meet the nutritional needs of the residents. FINDINGS No documented evidence that the facility utilizes menus that meet the nutritional needs of the residents.	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
i de la companya de l		Sent to Annette Jackson on 2/1/23.	
		Attached is What was fent.	100 mm
and the state of t			23 FFP 28 M: 3/d

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-98-05 <u>Dietetic services</u> . (c) Menus and food service shall meet the nutritional needs of the residents. FINDINGS No documented evidence that the facility utilizes menus that meet the nutritional needs of the residents.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
Qu	arterly our Kitchen Manager will provide documented evidence 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.	hat
		23 Nun 56 g til 5

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-98-12 Minimum standards for licensure; services. (1) Individual records shall be kept on each resident which contain the following: 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; FINDINGS Resident #3 & Resident #4 – No documented evidence of an admission physical examination clearance by a physician or advance practice registered nurse (APRN).	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Youth wor scheduled and then to behulus Medical Clinic for their physical examination charance on 12/23/23.	12/23/23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-98-12 Minimum standards for licensure; services. (1) Individual records shall be kept on each resident which contain the following: 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; FINDINGS Resident #3 & Resident #4 – No documented evidence of an admission physical examination clearance by a physician or APRN.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
	fq	The registered Nurse will ensure that prior to admission all residents have documented evidence of a resident's hysical examination or have a physical examination scheduled within 7 days of admission to Pearl Haven on file and available for department review.	
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-98-12 Minimum standards for licensure; services. (2) Individual records shall be kept on each resident which contain the following: 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;	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
	FINDINGS Resident #1 & Resident #3 – No documented evidence of an admission tuberculosis clearance by a physician or APRN.	Youth were scheduled and taken to Kahuku medical Center to have their TB tart administered (12/20/23) and red	12/20/23
		center to have their 173 tarb administered (12/20/25) and red (12/22/23.)	
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1	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	contain the following:	<u>FUTURE PLAN</u>	
	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;	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
ľ	FINDINGS Resident #1 & Resident #3 – No documented evidence of an admission tuberculosis clearance by a physician or APRN.		
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	ac tub	The registered Nurse will ensure that prior to admission all residents have documented evidence of a resident's dmission tuberculosis clearance by a physician or APRN or have are serculosis test scheduled within 7 days of admission to Pearl Have available for department review.	admission
	ac tub	all residents have documented evidence of a resident's dmission tuberculosis clearance by a physician or APRN or have ar perculosis test scheduled within 7 days of admission to Pearl Have	n admission
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Licensee's/Administrator's Signature:
Print Name: Elizabeth Boster
Date: 3 8 23
Q11-11-11-11
Licensee's/Administrator's Signature:
Print Name: Elizabeth Porter
Date: 2/27/23