

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Malama Family Recovery Center

CHAPTER 98

Address:

388 Ano Street, Kahului, Hawaii 96732

Inspection Date: February 27, 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.

STATE OF HAWAII
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23 MAY 18 4:57

	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 #1 - No documented evidence of an admission physical examination clearance by a physician or advanced practice registered nurse (APRN) on file</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>Participant #1: Client's appointment for physical was completed on 3/29/2023 @ 2pm with Kaiser Clinic.</p>	<p>03/29/2023</p>

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DEPARTMENT OF
STATE LICENSING
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 Minimum standards for licensure services. (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 #1 – No documented evidence of an admission physical examination clearance by a physician or advanced practice registered nurse (APRN) on file.</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>In the future, staff will need to be more assertive with clients who refuses to get their physical. If a client refuses to get their physical we will need to discharge them from the program.</p> <p>Training was provided to all staff on 03/16/23 to explain the importance of gathering physical examination (PE) documents as a part of the transfer process from other programs. PE results are to be within 12 months of admission. If no PE document in the past 12 months of admission, clients will be taken to obtain their PE within 21 days of admission.</p> <p>Overnight staff will be trained in chart review process to check all charts for required documents (TB, physical, etc.) especially for new admissions. All Staff will perform chart reviews quarterly.</p> <div style="text-align: right; margin-top: 20px;"> <p>STATE OF IOWA DEPARTMENT OF STATE LICENSING</p> <p>23 MAY 18 48:57</p> </div>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p>§ 11-98-12 Minimum standards for licensure services (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>FINDINGS Resident #2 & Resident #4 - No documented evidence of an admission tuberculosis clearance by a physician or APRN on file</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>Participant #2 had a TB test done 11/07/2022 and was read and negative on 11/9/2022. This was completed in a previous treatment in another program. This document did not get transferred to MFRC when she transitioned to this program. Her second step was done on 03/07/2023 and negative results read on 03/09/2023.</p> <p>Participant #4 had a 2-step done on 04/26/2018. Because she was in the culinary industry, she was exempt from further testing and did not obtain a TB test upon entry to treatment. An appointment was made after this interview for 03/13/23 and negative results were read on 3/16/2023.</p>	<p>03/09/2023</p> <p>03/16/2023</p>

STATE OF ARIZONA
DEPARTMENT OF HEALTH
STATE LICENSING

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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 #2 & Resident #4 – No documented evidence of an admission tuberculosis clearance by a physician or APRN on file.</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>Training was provided to all staff on 03/16/23 to explain the importance of gathering TB documents as a part of the transfer process from other programs. TB results are to be within 12 months of admission. If no TB clearance in the past 12 months of admission, clients will be taken to obtain TB clearances within 72 hours of admission.</p> <p>Overnight staff will be trained in chart review process to check all charts for required documents (TB, physical, etc.). All Staff will perform chart reviews quarterly.</p> <p style="text-align: right;">STATE OF HAWAII DAN S. LEE STATE LICENSING</p> <p style="text-align: right;">23 MAY 18 4:57</p>	

Licensee's/Administrator's Signature:

Donna Lucero

Print Name

Donna Lucero

Date

4/1/2023

STATE OF ILLINOIS
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STATE LICENSING

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