

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Huapala Senior Care C, LLC	CHAPTER 100.1
Address: 2649 C Huapala Street, Honolulu, Hawaii 96822	Inspection Date: April 5 & 6, 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.

23 MAY - 8 PM 2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – No current annual tuberculosis clearance.</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;">TB Survey and CXR were done on 3/24/23. HR Generalist did not receive documentation to be placed in the qualification binder prior to DOH audit.</p>	<p style="text-align: center;">JV 3/24/23</p> <p style="text-align: right;">23 MAY -8 PM 3:28</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #1 – No current annual tuberculosis clearance.</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>DON educated staff members that a TB-1 step or TB screening (if previously tested positive), must be done once a year and submitted to Human Resource Generalist as soon as documentation is made available to be placed in the staff qualification binder. Human Resource (HR) Generalist will check all initial qualifications at the time of hire. Additionally, HR Generalist checks all staff qualifications for accuracy monthly and provides staff with a two-month notice of staff qualifications expiring. DON will check staff qualifications quarterly to ensure all documents are accurate and complete per DOH regulations.</p>	<p style="text-align: center;">JV</p> <p style="text-align: center;">4/7/23</p> <p style="text-align: right;">23 MAY -8 02:38</p>

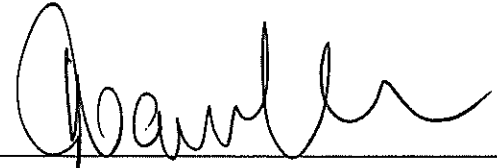
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #1 – Cardiopulmonary resuscitation (CPR) certification unacceptable as it was completed online only.</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;">CPR/First aide in-person class completed on 4/17/23.</p>	<p style="text-align: center;">JV</p> <p style="text-align: center;">4/17/23</p> <p style="text-align: right; font-size: small;">STATE OF CONNECTICUT DEPARTMENT OF CHILDREN AND YOUTH SERVICES MAY -8 12:38</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (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:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><u>FINDINGS</u> SCG #1 – Cardiopulmonary resuscitation (CPR) certification unacceptable as it was completed online only.</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>Educated staff that CPR/First Aid courses cannot be done hybrid or online. All classes need to be done in person. Human Resource (HR) Generalist will check all initial qualifications at the time of hire. Additionally, the HR Generalist checks all staff qualifications for accuracy monthly and provides staff with a two-month notice of staff qualifications expiring. DON will check staff qualifications quarterly to ensure all documents are accurate and complete per DOH regulations.</p>	<p style="text-align: center;">JV 4/7/23</p> <p style="text-align: right;">23 MAY -8 11:23:38 STATE OF NJ DEPT. OF HEALTH SARAH L. GARDNER</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies:</p> <p>FINDINGS Resident #1 – No documented evidence of initial/2-step tuberculosis clearance.</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;">2-Step TB completed in-home. 1st step given 4/18/23 and read 4/20/23 = Negative, 2nd step given 5/1/23, and read 5/3/23 = Negative</p>	<p style="text-align: center;">JV</p> <p style="text-align: center;">5/3/23</p> <p style="text-align: right;">23 MAY -8 P12:38 STATE OF NY DOMESTIC AFFAIRS</p>

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Licensee's/Administrator's Signature: _____



Print Name: _____

JoAnna Vietor

Date: _____

5/04/23

STATE OF MA
DEPARTMENT OF
STATE LICENSING

23 MAY -8 PM 38