

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b>  The Exclusive Addiction Treatment Center	<b>CHAPTER 98</b>
<b>Address:</b> 31-631 Old Mamalahoa Highway, Hakalau, Hawaii 96710	<b>Inspection Date:</b> December 13, 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.**

12-20-2022 12:21

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-10 Minimum standards for licensure, administrative and organizational plan (c) Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:  <u>FINDINGS</u> The Exclusive Addiction Treatment Center policy and procedures entitled, "Medication Documentation" and "Distribution of Medications" do not indicate current medication procedures in line with the electronic health record systems.	<p align="center"><b>PART I</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p align="center"> This was corrected by reviewing our policy and Procedure on "Medication Documentation" and "Distribution of Medication" to include procedures in line with the EHR Systems. </p>	<p align="center">12/16/22</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-10 Minimum standards for licensure, administrative and organizational plan (c) Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:  <b>FINDINGS</b> The Exclusive Addiction Treatment Center policy and procedures entitled, "Medication Documentation" and "Distribution of Medications" do not indicate current medication procedures in line with the electronic health record system.	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p align="center"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p align="center">Policies and procedures will be reviewed and updated at least annually to ensure appropriate changes are made.</p>	<p align="center">12/16/22</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure; personnel.</u> (e) There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.</p> <p><u>FINDINGS</u> Staff #1 hired on 06-08-22, physical examination completed after date of hire/first client contact on 06-14-22.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 MAR 16 17:51</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure; personnel.</u> (e)            There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.</p> <p><b><u>FINDINGS</u></b>            Staff #1 hired on 06-08-22, physical examination completed after date of hire/first client contact on 06-14-22.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>House Manager will confirm completion of all requirements before scheduling staff.</p>	<p>12/14/22</p> <p>23 MAR 16 17:51</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><b><u>FINDINGS</u></b></p> <p>Resident #1 – admitted on 11-23-22, chest x-ray completed after admission on 12-02-22.</p> <p>Resident #2 – admitted on 11-24-22, chest x-ray completed on 11-25-22, tuberculosis (TB) skin test administered on 11-24-22 and read negative on 11-26-22.</p> <p>Resident #3 – admitted on 12-06-22, screening completed on 12-04-22, chest x-ray completed on 12-07-22 and TB skin test completed on 12-09-22.</p> <p>Facility practices do not follow department of health (DOH) tuberculosis (TB) branch rules.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p align="center">Charts were reviewed. Dates were accurate and out of DOH TB branch rules. During this time there was an issue at Hawai'i radiology and appointments, Xray were being canceled, rescheduled etc. Causing delay. No real way to correct.</p>	<p align="center">12/13/23</p> <p align="center">23 MAR 16 A7:51</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §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;  <b>FINDINGS</b> Resident #1 admitted on 11-23-22, chest x-ray completed after admission on 12-02-22 Resident #2 admitted on 11-24-22, chest x-ray completed on 11-29-22, tuberculosis (TB) skin test administered on 11-24-22 and read negative on 11-26-22. Resident #3 admitted on 12-06-22, screening completed on 12-04-22, chest x-ray completed on 12-07-22 and TB skin test completed on 12-09-22  Facility practice: do not follow department of health (DOH) tuberculosis (TB) branch rules	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p align="center"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p align="center"> If TB results are not received before Admission the nurse on duty during admission will ensure the TB process is followed and fulfilled. PRN Nurse will alert to ensure results are received and filed. Compliance Administrator will do a minimum of quarterly audits of records to ensure P&amp;T is followed. </p>	11/12/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure: services.</u> (7) Individual records shall be kept on each resident which contain the following:</p> <p>Identification and summary information including resident's name, Social Security number, marital status, veteran's status, date of birth, sex, home address, telephone number of referral agency and next of kin or other legally responsible person;</p> <p><b><u>FINDINGS</u></b> Resident #1 – identification summary information sheet did not include the legally responsible party/next of kin.</p>	<p align="center"><b>PART 1</b></p> <p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p align="center">Medical staff confirmed receipt of a signed Emergency contact and added the information to the client's face sheet.</p>	<p align="center">12/14/22</p> <p align="center">23 MAR 16 A 7:51</p>



RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-12 Minimum standards for licensure; services. (7) Individual records shall be kept on each resident which contain the following:  Identification and summary information including resident's name, Social Security number, marital status, veteran's status, date of birth, sex, home address, telephone number of referral agency and next of kin or other legally responsible person.  <u>FINDINGS</u> Resident 1 - identification summary information sheet did not include the legally responsible party next of kin.	<p align="center"><b>PART 2</b></p> <p align="center"><u><b>FUTURE PLAN</b></u></p> <p align="center"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Management added this section to the face sheet in the EHR system. Nurse on admission will ensure this is filled in. Dr./Nurse on next admit will audit.</p> <p>Compliance Administrator will do record audits at least quarterly.</p>	12/14/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Client refrigerator – containing one (1) glass of almond milk and protein bars, refrigerator thermometer inoperable.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Items were removed from the refrigerator and an out of order sign was posted.</p>	<p>12/13/22</p> <p>23 MAR 16 17:51</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-14 Physical facility (c) Maintenance Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety, and health codes in the State  <b>FINDINGS</b> Client refrigerator containing one (1) glass of almond milk and protein bars; refrigerator thermometer inoperable	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p align="center"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>The specific refrigerator was removed and not replaced as it was an extra one</p> <p>To prevent a recurrence of a deficiency like this temperatures are checked daily and logged to track appropriate temperatures at all times.</p>	12/16/22

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-16 <u>Resident's rights and responsibilities.</u> (1)  Written policies regarding the rights and responsibilities of residents and services to be provided to residents during their stay in the facility shall be established and shall be made available to the resident, to any guardian, next of kin, sponsoring agency or representative payee, and to the public. The facility's policies and procedures shall provide that each individual admitted to the facility shall:</p> <p>Be fully informed, documented by signed acknowledgment prior to or at the time of admission and during stay, of these rights and of all rules governing resident conduct;</p> <p><b>FINDINGS</b>  Resident #2 – admitted on 11-24-22, consent for treatment signed on 11-29-22.  Resident #3 – admitted on 12-06-22, consent for treatment signed on 12-07-22.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>23 MAR 16 17:51</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-98-16 Resident's rights and responsibilities. (1) Written policies regarding the rights and responsibilities of residents and services to be provided to residents during their stay in the facility shall be established and shall be made available to the resident, to any guardian, next of kin, sponsoring agency or representative payee, and to the public. The facility's policies and procedures shall provide that each individual admitted to the facility shall:  Be fully informed, documented by signed acknowledgment prior to or at the time of admission and during stay, of these rights and of all rules governing resident conduct;  <b>FINDINGS</b> Resident 2 admitted on 11-24-22, consent for treatment signed on 11-29-22 Resident 35 admitted on 12-06-22, consent for treatment signed on 12-07-22	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p align="center"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>"Consent to treat" document has been added to the Pre-admission packet. Management will alert admission team if it is not received prior to admission for any resident. Compliance Administrator will do records audits at least quarterly to ensure compliance.</p>	12/16/22



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-16 <u>Resident's rights and responsibilities.</u> (2)  Written policies regarding the rights and responsibilities of residents and services to be provided to residents during their stay in the facility shall be established and shall be made available to the resident, to any guardian, next of kin, sponsoring agency or representative payee, and to the public. The facility's policies and procedures shall provide that each individual admitted to the facility shall:</p> <p>Be fully informed, prior to or at the time of admission and during stay, of services available in or through the facility and of related charges, including any charges for services not covered by the facility's basic per diem rate.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – no signed agreement that resident was made aware of services available and related charges.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center; font-size: 1.2em;">This document was reviewed again with client and document was signed.</p>	<p style="text-align: center; font-size: 1.2em;">2/13/22</p> <p style="text-align: center; font-size: 0.8em;">23 MAR 16 17:51 STATE OF MD HHS</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> 211-98.16 Resident's rights and responsibilities (2)  Written policies regarding the rights and responsibilities of residents and services to be provided to residents during their stay in the facility shall be established and shall be made available to the resident, to any guardian, next of kin, sponsoring agency or representative payee, and to the public. The facility's policies and procedures shall provide that each individual admitted to the facility shall</p> <p>Be fully informed, prior to or at the time of admission and during stay, of services available in or through the facility and related charges, including any charges for services not covered by the facility's basic per diem rate</p> <p><u>FINDINGS</u>  Resident's informed consent that resident was made aware of services available and related charges.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>"Fees, fees included" document has been added to the pre admission packet. Management will alert the home care team if it is not received prior to admission for any reason. Compliance Administrator will do records audits at least quarterly to ensure compliance.</p>	<p>12/16/22</p>

Licensee's/Administrator's Signature: *L.K. Purdy*  
Print Name: Lezlie K. Purdy-Rivera  
Date: 01/23/23

Licensee's Administrator's Signature: *L.K. Purdy*  
Print Name: Lezlie K. Purdy-Rivera  
Date: 01/23/23

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