

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Emergency Shelter/Emergency Respite</b>	<b>CHAPTER 98</b>
<b>Address: 94-483 Apowale Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: October 3, 2023 Annual</b>

**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.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Resident #2 - No documented evidence of a current physical examination clearance by physician or an advanced practice registered nurse (APRN).</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>Annual Physical Examination was previously scheduled for 10/4/23. Physical exam was completed on 10/4/23. Please see attached documentation reflecting the updated physical examination.</p>	10/4/23

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Resident #2 – No documented evidence of a current physical examination clearance by physician or APRN.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-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>Resident Manager and Program Director will monitor the expiration dates closely to ensure that physical examination is updated prior to the annual expiration date.</p>	10/4/23

	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><b>FINDINGS</b> Resident #1 &amp; #2 – No document evidence of a current tuberculosis clearance by a physician or APRN.</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>For Resident #1, TB skin test was completed prior to admission, but no record of completion was onsite on the survey day. A copy was obtained from Maui Memorial Medical Center and added to the resident's profile chart.</p> <p>For Resident #2: The TB skin test was previously scheduled prior to survey date and was completed on 10/6/23. Please see attached documentation reflecting the updated TB skin test exam for Resident #2.</p>	<p style="text-align: center;">10/6/23</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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>FINDINGS</b> Resident #1 &amp; #2 – No document evidence of a current tuberculosis clearance by a physician or APRN.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-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>Moving forward, Program Director and Resident Manager will ensure resident credentials are current and documentation is obtained prior to admission. If Resident credentials are not in place, the admission will be postponed until completed.</p>	10/6/23

Licensee's/Administrator's Signature: Mark Pintaure  
Print Name: Mark Pintaure  
Date: Dec 27, 2023