

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| <b>Facility's Name:</b> Hawaii Island Recovery                         | <b>CHAPTER 98</b>                               |
| <b>Address:</b><br>73-4697 Hina Lani Street, Kailua-Kona, Hawaii 96740 | <b>Inspection Date:</b> October 31, 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.**

|   | RULES (CRITERIA)   | PLAN OF CORRECTION  | Completion Date |
|---|--|---|-----------------|
| ☒ | <p>§11-98-12 <u>Minimum standards for licensure; services.</u> (8)<br/>           Individual records shall be kept on each resident which contain the following:</p> <p>Within thirty days after admission, a written individualized rehabilitation plan with specific objectives which are measurable and subject to evaluation shall be prepared by an appropriate rehabilitation staff in cooperation with each resident. The plans shall include:</p> <p><b>FINDINGS</b><br/>           Resident #1 – No documented evidence of a treatment plan initiated within thirty (30) days of admission.</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> |                 |

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|---|--|--|-----------------|
| ☒ | <p>§11-98-14 <u>Physical facility.</u> (c)<br/>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><b>FINDINGS</b><br/>Observed unsecured medications in Room #2 and Room #4.</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>1.The Patient Care Coordinator (PCC) met with the state representative during the site visit and discussed facility and medication control procedures. The audit found:<br/>"Observed unsecured medications in Room #2 and Room #4.</p> <p>2.The state representative recommended the PCC follow the medications' policies and keep any supplements with the storage of other medications.</p> <p>3.Based on the recommendation by the state representative, the PCC immediately removed the observed unsecured nutritional supplements and vitamins from Room #2 and Room #4 and placed them in proper storage with the other medications in the resident manager's office.</p> | 10.31.2023      |

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Licensee's/Administrator's Signature: Sophie Higgins

Print Name: Sophie Higgins

Date: 19/12/2023