Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Exclusive Addiction Treatment Center	**CHAPTER 98**
Address: **31-361 Mamalahoa Highway, Hakalau, HI 96710**	**Inspection Date: December 4, 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
☒	§11-98-11 Minimum standards for licensure; personnel. (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. **FINDINGS** Employee #1 – No documented evidence of a current physical examination clearance by a physician or advanced practice registered nurse (APRN) on file.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The physical was done on 6/27/2023 by our Medical Director. He was onsite that day and the document.	12/4/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-98-11 Minimum standards for licensure; personnel. (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. **FINDINGS** Employee #1 – No documented evidence of a current physical examination clearance by a physician or APRN on file.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** The nurses will double check all documents before filing them to ensure they are properly completed and signed. Medical Director sent an email to the medical team.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-98-12 Minimum standards for licensure; services. (14) Individual records shall be kept on each resident which contain the following: A complete record of each medication utilized by the resident; **FINDINGS** Physician ordered "Basic Nutrients," "Liver GI Detox," and "NAC" capsules. No medication labels on aforementioned medications.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** The Medical Director and lead nurse on duty created a label including the all pertinent information. The supplement was appropriately labeled.	12/4/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-98-12 Minimum standards for licensure; services. (14) Individual records shall be kept on each resident which contain the following: A complete record of each medication utilized by the resident; **FINDINGS** Physician ordered "Basic Nutrients," "Liver GI Detox," and "NAC" capsules. No medication labels on aforementioned medications.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** Labels will be created for all supplements to include: Client name. DOB Admit date.. Supplement order and ordering physician. The Medical Director sent an email to the Medical Team to inform everyone of this process. Checking for labels on all medications and supplements has been added to the Compliance Administrators checklist.	

Licensee's/Administrator's Signature: Lezlie Purdy-Rivera

Print Name: Lezlie Purdy-Rivera

Date: Dec 21, 2023