

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Ohana Addiction Treatment Center	CHAPTER 98
Address: 73-4617 Kaloko Halia Place, Kailua-Kona, Hawaii 96740	Inspection Date: September 28, 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
<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>FINDINGS Employee #1 – No documented evidence of a pre-employment physical examination clearance by a physician or advanced practice registered nurse (APRN) on file.</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>It was identified that employee 1 did not complete the pre-employment physical. Employees are required to complete the medical evaluation document which includes TB and physical clearance. The employee returned with a State provided TB clearance form and no the additional required physical on the original form provided. The employee was instructed to visit PCP and complete medical clearance in addition to the TB clearance previously provided.</p>	11/17/2023

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<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>FINDINGS Employee #1 – No documented evidence of a pre-employment physical examination clearance by a physician or APRN on file.</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>Human Resources Director will develop a tracking system for all required documentation for all new staff. New staff will not be scheduled until all required documents have been provided. The Executive Director will review the HR tracking chart bi-annually specifically before any yearly State inspection to ensure compliance by the HR Director and staff. The Personnel Records Policy (HR2) will be updated to reflect the new protocol.</p>	

Licensee's/Administrator's Signature: Elliott Smith
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Date: Dec 19, 2023