

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Big Island Substance Abuse Council - Laukona	CHAPTER 98
Address: 136 Laukona Street, Hilo, Hawaii 96720	Inspection Date: November 2, 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>§11-98-03 <u>Licensing</u>. (j)(1) An application for renewal of a license shall be made ninety (90) days prior to the anniversary date of the license.</p> <p>The facility shall provide county building department, county fire department, and sanitation branch clearances.</p> <p><u>FINDINGS</u> No documented evidence of sanitation branch clearance for use of facility kitchen.</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>Yes. We contacted Michael Une, RS, East Hawaii Supervising Sanitarian, Hawaii District Health Office on 01/08/2024 and obtained a letter of clearance stating that for the Special Treatment Facility, we do not need a Department of Health Food Establishment Permit due the clients purchasing, preparing and cooking their own meals. Please see attached letter.</p> <p>Due to the change in services at the site, we have contracted a third-party vendor (HCEOC) to provide the daily meals for our clients. We were issued a food establishment permit and a green placard by the DOH Food Safety Branch.</p>	01/08/2024

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services.</u> (a) A special treatment facility shall have a written plan describing the organization and delivery of dietetic services and the utilization of the services of a qualified dietitian as required herein.</p> <p><u>FINDINGS</u> No documented evidence that the facility utilized the services of a qualified Consultant Registered Dietitian (RD). RD service contract and documentation of dietetic registration of RD were not submitted in a timely manner.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services.</u> (b) Overall supervisory responsibilities for the food service shall be assigned to a food service manager knowledgeable in food values and nutrition, or one who is receiving such training from the consultant dietitian.</p> <p><u>FINDINGS</u> No documented evidence that the food service manager received training from the Consultant RD. Evidence of training was not submitted.</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>Yes. Consulted with the DOH Registered Dietician and discussed guidelines and requirements to be in compliance.</p>	01/04/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services.</u> (b) Overall supervisory responsibilities for the food service shall be assigned to a food service manager knowledgeable in food values and nutrition, or one who is receiving such training from the consultant dietitian.</p> <p><u>FINDINGS</u> No documented evidence that the food service manager received training from the Consultant RD. Evidence of training was not submitted.</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>All staff in the house and the Health & Safety Manager, will be trained by the RD on sanitations, food prep, and nutrition. This will be documented via sign-in sheets kept with the Health & Safety Manager.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services.</u> (c) Menus and food service shall meet the nutritional needs of the residents.</p> <p><u>FINDINGS</u> No documented evidence that the menus and food service meets the nutritional needs of the residents. Menus and menu evaluations were not submitted.</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>Consulted with the DOH Registered Dietician and discussed guidelines and requirements to be in compliance moving forward.</p>	01/04/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services.</u> (c) Menus and food service shall meet the nutritional needs of the residents.</p> <p><u>FINDINGS</u> No documented evidence that the menus and food service meets the nutritional needs of the residents. Menus and menu evaluations were not submitted.</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>All menu's will be scanned and kept by the Health & Safety Manager to ensure compliance moving forward. Any menus that indicate special diets will be shared with the RD for approval. The Consultant Registered Dietician will then submit all menus and menu evaluations directly to the DOH Registered Dietician on a monthly basis.</p>	

Licensee's/Administrator's Signature: _____

Print Name: Dr. Hannah Preston-Pita, CEO

Date: 01/22/2024