

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: MOKA TLP	CHAPTER 98
Address: 1189 Manuwa Drive, Honolulu, HI 96818	Inspection Date: November 30, 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>§11-98-04 <u>Administrative and statistical reports.</u> (b) Written records of the occurrence of fire safety and disaster drills shall be available for inspection.</p> <p><u>FINDINGS</u> No documented evidence of any occurrence of fire drills and disaster drills on file for department review.</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>The staff of MOKAs TLP received retraining from the administrator and the program director to address and correct the deficiency. They learned from page 11 of the MOKAs policies and procedures handbook, under the subheading Fire Safety & Disaster drills, that they must document and file the records of fire and disaster drills for the department's review. The administrator set up a file for fire safety drills and told the staff to follow the P&P and conduct a Fire safety drill and record it.</p>	12/24/2023

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-04 <u>Administrative and statistical reports.</u> (b) Written records of the occurrence of fire safety and disaster drills shall be available for inspection.</p> <p><u>FINDINGS</u> No documented evidence of any occurrence of fire drills and disaster drills on file for department review.</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>To ensure that no further deficiencies happen, and that the agency complies with the State of Hawaii Department of Health Title 11, Chapter 98-04(b), the Administrator or the Program Director will inspect the agency's performance every month until the staff perform their duties adequately. They will also verify that the documentation is done on time and filed correctly.</p>	12/24/2023

	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><u>FINDINGS</u> Employee #1 – No documented evidence of a pre-employment physical examination clearance by a physician or advanced practice registered nurse (APRN) on file for review.</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>The staff corrected and addressed the deficiency. On 7/27/2023, staff #1 provided the document of physical examination. The administrator could not upload all the documents in the staff file.</p>	<p>01/02/2024</p>

	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><u>FINDINGS</u> Employee #1 – No documented evidence of a pre-employment physical examination clearance by a physician or APRN on file for review.</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>The Administrator and or Program Director will be sure to review all personnel files monthly to determine if staff are in compliance with the State of Hawaii Department of Health Title 11, Chapter 11-98(e).</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1, Resident #2, Resident #3 & Resident #4 – No documented evidence of an admission physical examination clearance by a physician or APRN on file for review.</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>The staff corrected and addressed the deficiency. They received retraining from the administrator and the program director on how to properly and promptly intake and file the documents for all clients. They also learned how to get the previous TB and or physical documents from the agency that sent them with a signed consent form (client handbook pg.25) for MOKA to access the medical information or schedule an appointment for the client with their primary or free TB testing at any free clinic that is open within 21 days (about 3 weeks) of admission.</p>	<p>01/02/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1, Resident #2, Resident #3 & Resident #4 – No documented evidence of an admission physical examination clearance by a physician or APRN on file for review.</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>The MOKA staff will have monthly reviews of the reorientation training in MOKAs P&P under section 2.N sub-heading Client Intake & File Contents. They were informed that they must document and report the client medical or physical examination within 21 days (about 3 weeks) after admission and receive it, and if the client does not have one, they will help the client make an appointment with primary or other clinics that are available for examination to get the documentation for the client's file. In addition, the administrator or the program director will do a bi-weekly evaluation of all client files to prevent any future deficiencies and to comply with the State of Hawaii Department of Health Title 11, Chapter 98-12(1).</p>	01/02/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1, Resident #2, Resident #3 & Resident #4 – No documented evidence of an admission tuberculosis clearance by a physician or APRN on file for review.</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>The staff corrected and addressed the deficiency. They received retraining from the administrator and the program director on how to have a copy of negative or positive tuberculosis documentation in client files. They also learned how to document the appropriate medical follow-up for clients who test positive.</p>	<p>01/02/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Resident #1, Resident #2, Resident #3 & Resident #4 – No documented evidence of an admission tuberculosis clearance by a physician or APRN on file for review.</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>The administrator and the program director will work with the staff to check all client files and make sure that proper individual records are filed. They will do a monthly inspection to avoid any future deficiencies and to comply with the State of Hawaii Department of Health Title 11, Chapter 98-12(2).</p>	01/02/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (4) Individual records shall be kept on each resident which contain the following:</p> <p>Information pertinent to special diet treatment;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of an admission diet order from a physician or APRN.</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>All client files have been corrected. The staff received retraining from the administrator and the program director on how to provide information on file for any special diet treatment plan from the physician or none at this time during the client admission/intake process. A document indicating medical or non-medical dietary plan was added to all client files.</p>	<p>01/02/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (4) Individual records shall be kept on each resident which contain the following:</p> <p>Information pertinent to special diet treatment;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of an admission diet order from a physician or APRN.</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>The administrator and the program director will work with the staff to check all client files and make sure that proper individual records have been filed regarding special dietary treatment or none from the physician for all clients. They will do a bi-weekly review with the staff on client documentation to prevent any future deficiencies and to comply with the State of Hawaii Department of Health Title 11, Chapter 98-12(4).</p>	01/02/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (5) Individual records shall be kept on each resident which contain the following:</p> <p>Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries;</p> <p><u>FINDINGS</u> Resident #1, Resident #2, Resident #3 & Resident #4 – No documented evidence of a physician notification within five (5) of admission on file for review.</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>All client files have been corrected. The staff received retraining from the administrator and the program director on the Admissions section of MOKAs PnP, which covers admissions & client intake and file contents. They learned the strict policies and procedures that they must follow properly with documentation for all clients within 5 days of admission/intake, such as notifying the client physician and recording and filing any significant injuries or illnesses that they observe or note.</p>	<p>01/02/2024</p>

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<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (5) Individual records shall be kept on each resident which contain the following:</p> <p>Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries;</p> <p><u>FINDINGS</u> Resident #1, Resident #2, Resident #3 & Resident #4 – No documented evidence of a physician notification within five (5) of admission on file for review.</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>The administrator will follow up with the program director and the staff to make sure that they understood and completed the proper orientation and training (manager and floating manager included). The administrator will also check the files with the staff to ensure that they contacted the physicians as needed and documented it in the client files for future compliance with the State of Hawaii Department of Health Title 11, Chapter 98-12(5).</p>	01/02/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of medication orders on admission from a physician or APRN.</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>The staff corrected and addressed the deficiency. They received retraining from the administrator and the program director on page 29(J) of MOKAs PnP, which says that medication documentation must be added in the client’s file, either stating that no medication is needed at this time or recording the medication that is needed.</p>	01/02/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of medication orders on admission from a physician or APRN.</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>The administrator will follow up with the program director and the staff to make sure that they understood and completed the proper orientation and training. The administrator will also check the client files with the staff to ensure that they followed the policy and procedures correctly for future compliance with the State of Hawaii Department of Health Title 11, Chapter 98-12(14).</p>	01/02/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-16 <u>Resident's rights and responsibilities.</u> (1) Written policies regarding the rights and responsibilities of residents and services to be provided to residents during their stay in the facility shall be established and shall be made available to the resident, to any guardian, next of kin, sponsoring agency or representative payee, and to the public. The facility's policies and procedures shall provide that each individual admitted to the facility shall:</p> <p>Be fully informed, documented by signed acknowledgment prior to or at the time of admission and during stay, of these rights and of all rules governing resident conduct;</p> <p><u>FINDINGS</u> Resident #1, Resident #2, Resident #3 & Resident #4 – No documented evidence of a signed consent for treatment upon admission on file for review.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The staff corrected and addressed the deficiency. They received retraining from the administrator and the program director on page 25 of MOKAs client handbook, which requires all clients to sign and date the acknowledgement/consenting form when they are admitted.</p>	<p>01/02/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-16 <u>Resident's rights and responsibilities.</u> (1) Written policies regarding the rights and responsibilities of residents and services to be provided to residents during their stay in the facility shall be established and shall be made available to the resident, to any guardian, next of kin, sponsoring agency or representative payee, and to the public. The facility's policies and procedures shall provide that each individual admitted to the facility shall:</p> <p>Be fully informed, documented by signed acknowledgment prior to or at the time of admission and during stay, of these rights and of all rules governing resident conduct;</p> <p><u>FINDINGS</u> Resident #1, Resident #2, Resident #3 & Resident #4 – No documented evidence of a signed consent for treatment upon admission on file for review.</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>The administrator will follow up with the program director and the staff to make sure that they understand and completed the proper training. The administrator will also check the client files to ensure that they did all the documentation correctly to comply with the State of Hawaii Department of Health Title 11, Chapter 98-16(1) in the future.</p>	01/02/2024

Licensee's/Administrator's Signature: Keoki Dudoit

Print Name: Keoki Dudoit

Date: 01/06/2024

Licensee's/Administrator's Signature: Keoki Mudoit

Print Name: Keoki Mudoit

Date: 3/4/2024