

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: HAHOKO Impact Center	CHAPTER 98
Address: 531 Pu'uhale Road, Honolulu, Hawaii 96819	Inspection Date: March 18, 2024 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.

02:11 PM 4-9-24

	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> Resident #3 – No documented evidence of current tuberculosis clearance.</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>Procedures taken to remedy issue:</p> <ul style="list-style-type: none"> • CS was taken to Lanakila Health for a TB test on <p style="text-align: right; font-size: small;"> 02:11W 5-90W 4Z 24 AUG-5 AM 20 </p>	<p>3/28/24</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> Resident #3 – No documented evidence of current tuberculosis clearance.</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>Future Procedures taken to prevent similar issues: Files will be checked to ensure documents are present and up to date. If an important health document is missing, the correct procedures will be taken to obtain documents:</p> <ul style="list-style-type: none"> ○ TB tests will be scheduled promptly at Lanakila Health or Healthy Mothers and Healthy Babies. ○ Physical examinations will be scheduled promptly at Healthy Mothers and Healthy Babies or with the client's PCP. <p>A Google Sheet has been made tracking: staff name, start date, end date, phone numbers, birth date, height, weight, social security number, Two Step TB test, physical exam, Two Step TB test expiration date, physical exam, physical exam expiration date, CPR certification, CPR certification expiration date, First Aid certification, First Aid certification expiration date, staff orientation, resume,</p> <ul style="list-style-type: none"> ○ The Google sheet is synchronized with Google Calendar auto scheduling. ○ Google Calendar alerts for Two Step TB test expiration date, physical exam expiration date, CPR certification expiration date, First Aid certification expiration date were set for a month prior to expiration date. 	<p style="text-align: center;">3/28/24</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> Resident #3 – No documented evidence of current tuberculosis clearance.</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>Procedures taken to remedy issue:</p> <ul style="list-style-type: none"> • CF was taken to Healthy Mothers and Healthy Babies for Physical Examination. Physical Examination on file document dated 3/26/2023. 	<p>3/26/24</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> Resident #3 – No documented evidence of current tuberculosis clearance.</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>Future Procedures taken to prevent similar issues:</p> <ul style="list-style-type: none"> ●Files will be checked to ensure documents are present and up to date. ●If an important health document is missing, the correct procedures will be taken to obtain documents: <ul style="list-style-type: none"> ○TB tests will be scheduled promptly at Lanakila Health or Healthy Mothers and Healthy Babies. ○Physical examinations will be scheduled promptly at Healthy Mothers and Healthy Babies or with the client's PCP. ● A Google Sheet has been made tracking: staff name, start date, end date, phone numbers, birth date, height, weight, social security number, Two Step TB test, physical exam, Two Step TB test expiration date, physical exam, physical exam expiration date, CPR certification, CPR certification expiration date, First Aid certification, First Aid certification expiration date, staff orientation, resume, <ul style="list-style-type: none"> ○The Google sheet is synchronized with Google Calendar auto scheduling. ○Google Calendar alerts for Two Step TB test expiration date, physical exam expiration date, CPR certification expiration date, First Aid certification expiration date were set for a month prior to expiration date 	<p>3/26/24</p>

Licensee's/Administrator's Signature: David Makilan

Print Name: David Makilan

Date: 7/10/2024

STATE OF TEXAS

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