Office of Health Care Assurance

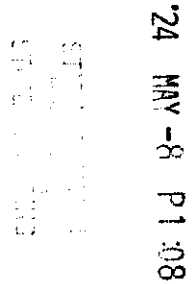
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Malama Family Recovery Center	**CHAPTER 98**
Address: **388 Ano Street, Kahului, Hawaii 96732**	**Inspection Date: February 23, 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.



	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 annual tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** EMPLOYEE #1 PROVIDED TB CLEARANCE ON 5/6/24, IS PLACED IN HER MEDICAL FILE.	5/6/24

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	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 annual tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** HUMAN RESOURCES MAINTAINS A TRACKER THAT INCLUDES TB FOR ALL EMPLOYEES FOR ANNUAL TB TESTS. THE EMPLOYEE AND THEIR SUPERVISOR ARE SENT A REMINDER AND IF THEY FAIL TO COMPLY, THEY WILL BE SUSPENDED UNTIL THEY ARE BACK IN COMPLIANCE	5/6/24

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	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 #2 – No documented evidence of annual tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** EMPLOYEE #2 HAD A PRE-EMPLOYMENT 2-STEP TB ON 5/13/22. SHE MOST RECENTLY HAD A TB TEST ON 2/29/24.	5/13/22 2/29/24

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☒	§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 #2 – No documented evidence of annual tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** HUMAN RESOURCES MAINTAINS A TRACKER THAT INCLUDES TB FOR ALL EMPLOYEES FOR ANNUAL TB TESTS. THE EMPLOYEE AND THEIR SUPERVISOR ARE SENT A REMINDER AND IF THEY FAIL TO COMPLY, THEY WILL BE SUSPENDED UNTIL THEY ARE BACK IN COMPLIANCE.	

Licensee's/Administrator's Signature: _____

Print Name: RONALD NELSON

Date: 5/6/24

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STATE LICENSING

Licensee's/Administrator's Signature: Ronald Nelson

Print Name: RONALD NELSON

Date: 5/16/24

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STATE LICENSING