

Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Po'ailani Dual Diagnosis Program	CHAPTER 98
Address: 553-A Kawainui Street, Kailua, Hawaii 96734	Inspection Date: May 22, 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
24 JUN 24 P121	<input checked="" type="checkbox"/> §11-98-12 <u>Minimum standards for licensure; services.</u> (5) Individual records shall be kept on each resident which contain the following: Documentation that a physician was consulted within five days of admission as well as for all significant illnesses and injuries; <u>FINDINGS</u> Resident #1 & Resident #5 – No documented evidence of physician/healthcare provider notification within five (5) days of admission on file.	<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>Residential Manager, Cindy Parker ? Clinical Supervisor / APRN- Jeanne Lemon spoke with all staff on 7/3/24 to go over the policy of ensuring evidence of physician/healthcare provider notifications are filed within (5) days. Resident #1 and #5 were corrected immediately on 7/3/2024. All staff will continue to train on P+P's and QA chart reviews will be done weekly to ensure compliance.</p>	7/3/24

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> 24 III 24 P1:21	<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 #5 – No documented evidence of physician/healthcare provider notification within five (5) days of admission 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>The future plan to remain in compliance is to provide on going training to all staff (Residential Assistants) by the program nurse. Weekly QA chart reviews shall be conducted to ensure all required documents are timely & filed in each Chart.</p>	<p style="text-align: center;">7/3/24</p>

Licensee's/Administrator's Signature: Ally Paredes

Print Name: Ally Paredes

Date: 7/19/24

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