

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: C.A.R.E. Cottage - Hilo	CHAPTER 98
Address: 100-A Apoke Street, Hilo, Hawaii, 96720	Inspection Date: April 9, 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.

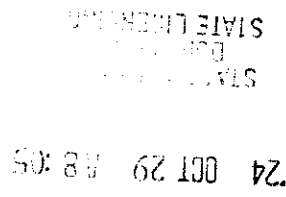
STATE LICENSING
SECTION
HAWAII

24 OCT 29 48:05

	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 on food values and nutrition.</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>Portions of each meal are printed on each daily menu as well as dietary restriction needs for optional meals. For example: NCS, low-fat, no added salt, etc</p> <p style="text-align: right;">STATE OF MICHIGAN DEPT. OF HEALTH DIVISION OF FOOD SAFETY AND INSPECTION OCT 29 10:05 AM '24</p>	<p>10/24/24</p>

	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 on food values and nutrition.</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>TL shall meet quarterly with dietician to ensure that she is knowledgeable in food service and also educate staff about dietary needs/restrictions. TL will discuss and update the teams during the bimonthly meetings.</p> <p style="text-align: right;">STATE OF MONTANA DEPARTMENT OF HEALTH STATE OF MONTANA 24 OCT 29 18:05</p>	<p>10/24/24</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>FINDINGS Staff #1: No documented evidence of annual 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 style="text-align: center;">Staff #1 TB clearance completed 4/25/24</p> <p style="text-align: right;">STATE LICENSING DEPT. OF HEALTH STATE OF MICHIGAN 24 OCT 29 4:05 PM</p>	<p>10/24/24</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> Staff #1: No documented evidence of annual 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>TL will track TB and remind staff three months prior to expiration. TL will update and do credentials binder check monthly.</p> <div style="text-align: right; margin-top: 20px;">  </div>	<p>10/24/24</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> Staff #2: No documented evidence of annual Physical exam.</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>Physical exam was completed but was not placed in credentials binder.</p> <div style="text-align: right; margin-top: 20px;"> STATE LICENSING BOARD STATE OF CONNECTICUT OCT 29 10 48 AM '24 </div>	10/24/24

	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> Staff #2: No documented evidence of annual Physical exam.</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>TL will track physicals and remind staff three months prior to expirationn. TL will update and do credentials binder checks monthly.</p> <p style="text-align: right;">STATE LICENSING BOARD STATE OF MICHIGAN 24 OCT 29 18:06</p>	<p>10/24/24</p>

Licensee's/Administrator's Signature: *Katharine Chan*, LMHC

Print Name: Katharine Chan, LMHC

Date: 10/24/24

STATE LICENSING
OCT 29 10:06 AM '24