Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Maunaloa (DDDH)	CHAPTER 89
Address: 24 Hoalua Street, Maunaloa, Hawaii 96770	Inspection Date: October 21, 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
§11-89-18 Records and reports. (b)(1) During residence, records shall be maintained by the caregiver and shall include the following information:	PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u>	10/25/24
Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
FINDINGS No current Tuberculosis (TB) assessment completed. Last TB done was on 6/28/23.	See attached	veren.
	See ausered.	

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-18 Records and reports. (b)(1) During residence, records shall be maintained by the caregiver and shall include the following information: Copies of physician's initial, annual and other periodic examinations, evaluations, medical progress notes, relevant laboratory reports, and a report of re-examination of tuberculosis;	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	10/25/24
FINDINGS No current Tuberculosis (TB) assessment completed. Last TB done was on 6/28/23.	See attached	

Maunaloa POC

Inspection Date: 10/21/24

11-89-18 Records and Reports (b)(1)

No current Tuberculosis (TB) assessment completed. Last TB done was on 6/28/23.

PART 1 - DID YOU CORRECT THE DEFICIENCY?

received TB clearance on 10/24/24. To correct this issue, the resident in question was administered his TB skin test on 10/22/24 and

PART 2 – FUTURE PLAN

the due dates for the residents' annual physical and TB and email the Resident Manager and and updating this information, at least weekly. In addition, the Service Supervisor will also track daily documentation to be completed by staff. The assistant manager is responsible for reviewing the annual TB for each resident. This checklist will be located on a clipboard with other required appointments are scheduled on time. Assistant Manager one month prior to the due date. This will ensure these important To prevent recurrence, a new checklist was developed with due dates for the annual physical, and

ensure the appointments and associated documents are completed and filed The Resident Manager will monitor the checklist and the residents' main charts monthly to

Completion Date 10/25/24

Valerie Sly,

Program Director

Licensee's/Administrator's Signature:	Wales Sily
Print Name:	VALECIE SU
Date:	10/25/24
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