

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hina Mauka	CHAPTER 98
Address: 45-845 Pookela Street, Kaneohe, Hawaii 96744	Inspection Date: August 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

24 NOV 15 10:54

	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> Employee #2 – No documented evidence of a current physical examination clearance by a physician or advanced practice registered nurse (APRN).</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>Employee #2 has completed the Physical on 9.23.24 and has submitted a copy to HR Director on 9.25.24</p> <p style="text-align: right;">STATE OF MISSISSIPPI NOV 15 2024 24 NOV 15 10:54</p>	<p>9.25.24</p>

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<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> Employee #2 – No documented evidence of a current physical examination clearance by a physician or advanced practice registered nurse (APRN).</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>Reminders are sent to employees to complete their annual Physical Examination Clearance by the HR Department 2 months before expiration</p> <p style="text-align: right; font-size: small;">STATE BOARD OF NURSING 24 NOV 15 10:54</p>	<p>9.19.2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	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 Employee #2 – No documented evidence of a current tuberculin skin test or a chest x-ray clearance by a physician or advanced practice registered nurse (APRN).</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>Reminders are sent to employees to complete their annual TB test/chest x-ray by the HR Dept</p> <p style="text-align: right;">STATE LICENSING NOV 15 09:54 '24</p>	<p>9.19.2024</p>

Licensee's/Administrator's Signature: _____



Print Name: _____

Sherrie Kinoshita, Director of Administration

Date: _____

9.25.2024

STATE ENGINEERING
STATE ENGINEERS

24 NOV 15 09:57