

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Big Island Substance Abuse Council (BISAC) Laukona	CHAPTER 98
Address: 136 Laukona Street, Hilo, Hawaii 96720	Inspection Date: November 25, 2025 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure: services.</u> (1) Individual records shall be kept on each resident which contain the following:</p> <p>Within twenty-one days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file;</p> <p><u>FINDINGS</u> Client #1, #2, #3, #4: Physical exam form incomplete. Physical exams are not signed by Physician, APRN or PA.</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>Yes, All client's #1, #2, #3, #4 Physical exam forms were reviewed and signed by the medical director the following week of the audit (11/25/25).</p>	<p style="text-align: center;">12/1/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure: services.</u> (1) Individual records shall be kept on each resident which contain the following:</p> <p>Within twenty-one days of admission, a report of a resident's medical examination or written evidence of a physical examination within the prior twelve months shall be on file;</p> <p>FINDINGS Client #1, #2, #3, #4: Physical exam form incomplete. Physical exams are not signed by Physician, APRN or PA.</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 new APRN will be available in person on designated admission days to provide all required signatures. If she is not physically present, verbal approval for admissions will be obtained. Following this approval, the RN will fax the necessary documentation to the APRN for review and signatures. All signed documents will be faxed back the same day and promptly filed in the client's chart to ensure complete and timely documentation.</p>	<p style="text-align: center;">On-going</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><u>FINDINGS</u> Clonidine 0.1mg tabs stored in ziplog bag. Medication removed from original packaging. Bag did not include name of resident, indication for medication, time medication should be given, expiration, and route.</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>Yes, medication identified was removed the same day of the audit (11/25/25) and reissued to client in the original packaging the next day after the audit.</p>	<p style="text-align: center;">11/26/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p>FINDINGS Clonidine 0.1mg tabs stored in ziplog bag. Medication removed from original packaging. Bag did not include name of resident, indication for medication, time medication should be given, expiration, and route.</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>All staff have been informed of the identified deficiency. Effective immediately, medications will no longer be labeled or stored in Ziploc bags for client use. Moving forward, all medications will be dispensed directly by the pharmacy in proper containers with the appropriate prescription labels. In addition, all administered medications will be documented and tracked using a Medication Administration Record (MAR) form to ensure accurate and compliant record-keeping.</p>	<p>11/26/25</p> <p>ongoing</p>

Licensee's/Administrator's Signature: MM

Print Name: Hannah Preston-Lita

Date: 01.29.2024