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Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

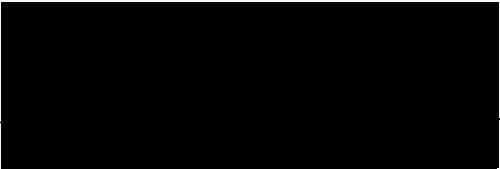
STATE OF HAWAII
DOH-OHCA LICENSING

Facility's Name: Hiolani Assisted Living Center at Kahala Nui	CHAPTER 90
Address: 4389 Malia Street, Honolulu, Hawaii 96821	Inspection Date: February 2 & 3, 2015 Bi-annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (c) All staff shall be trained in cardiopulmonary resuscitation and first aid.</p> <p>FINDINGS Employee [redacted] no current first aid training. Provide copy of training with your plan of correction.</p>	<p>Kahala Nui shall ensure that all staff are trained in CPR and First Aid prior to working directly with residents. Human Resources will maintain a listing of CPR/First Aid training due dates to ensure all employees are trained and Certified and remain current. Employee #1's First Aid Completion certificate</p>	<p>2/29/2015</p>

is attached.

Licensee/Administrator's Signature: _____



Print Name: _____

JAY DUQUETTE

Date: _____

2/27/2015