

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Kauoha Kakou	CHAPTER 98
Address: 47-440 Pulama Road, House A, Kaneohe, Hawaii 96744	Inspection Date: May 6, 2016 Annual

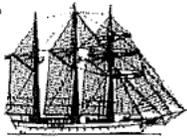
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure; personnel.</u> (e) There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall 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><b>FINDINGS</b> Staff #1 no evidence of pre-employment physical exam.</p>	<i>see attached</i>	
<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>	<i>see attached</i>	

	<p><b>FINDINGS</b> Staff #2 no evidence of pre-employment physical exam.</p>		
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><b>FINDINGS</b> No thermometer in refrigerator</p>	See attached	

Licensee's/Administrator's Signature: *Dane Ganes*

Print Name: Dane Ganes

Date: 7/20/16



July 21, 2016

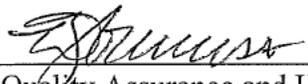
Mr. Justin Lam  
Hawaii Department of Health – Office of Health Care Assurance  
State Licensing Section  
601 Kamokila Boulevard, Room 361  
Kapolei, Hawaii 96707

SUBJECT: Statement of Deficiencies/Licensing/Plan of Correction Notice

Hale Kauoha Kakou

Rules (Criteria)	Plan of Correction	Completion Date
<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 laible to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.</p> <p><b>FINDINGS</b> Staff #1 no evidence of pre-employment physical exam.</p>	<p>1. Explain how you corrected each deficiency? I'm unable to identify which employee this citation is referring to. However, we are aware that there four (4) employees with no evidence of a pre-employment physical examination on the date of the survey. Since that date all employees have received a physical examination.</p> <p>2. Explain what you will do in the future to prevent similar deficiencies from recurring. The HR Department will maintain a spreadsheet that will actively be used to track employee health clearance requirements.</p>	<p>1. All employees missing pre-employment physical exams were notified and corrected by May 19, 2016.</p> <p>2. July 20, 2016</p>
<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 laible to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.</p> <p><b>FINDINGS</b> Staff #2 no evidence of pre-employment physical exam.</p>	<p>1. Explain how you corrected each deficiency? I'm unable to identify which employee this citation is referring to. However, we are aware that there four (4) employees with no evidence of a pre-employment physical examination on the date of the survey. Since that date all employees have received a physical examination.</p> <p>2. Explain what you will do in the future to prevent similar deficiencies from recurring. The HR Department will maintain a spreadsheet that will actively be used to track employee health clearance requirements.</p>	<p>1. All employees missing pre-employment physical exams were notified and corrected by May 19, 2016.</p> <p>2. July 20, 2016</p>

Rules (Criteria)	Plan of Correction	Completion Date
<p>11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the state.</p> <p><b><u>FINDINGS</u></b> No thermometer in refrigerator.</p>	<p>1. Explain how you corrected each deficiency? On July 19, 2016, a thermometer for the refrigerator was purchased and installed.</p> <p>2. Explain what you will do in the future to prevent similar deficiencies from recurring. Quarterly facility reviews will include identifying that each refrigerator and freezer has a thermometer to ensure proper temperature levels.</p>	<p>1. May 19, 2016</p> <p>2. May 19, 2016</p>

Licensee's/Administrator's Signature:   
 Print Name: Dane Z. Y. Ganes, MA Quality Assurance and Human Resources Director  
 Date: July 21, 2016