

Hawaii Dept. of Health, Office of Health Care Assurance

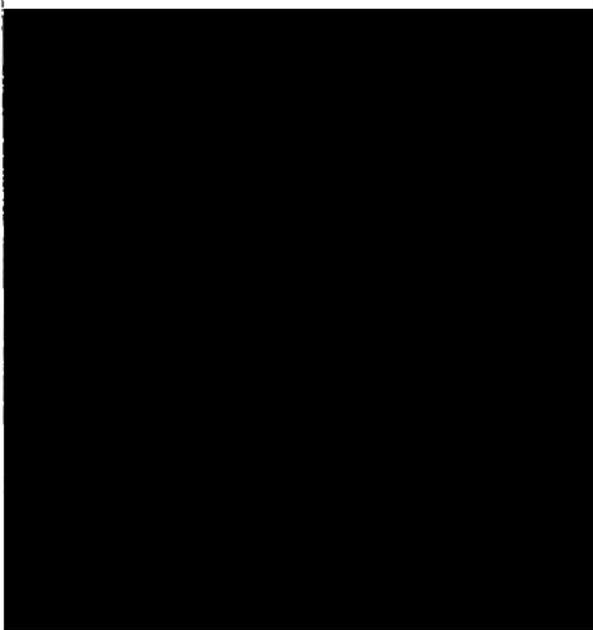
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION<br><br><b>AMENDED POC</b> | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>125057</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY COMPLETED<br><br><b>02/10/2016</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>KULANA MALAMA</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>91-1360 KARAYAN STREET<br/>EWA BEACH, HI 96706</b> |
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2016 JUN -8 A 11: 49

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
OFFICE OF HEALTH CARE ASSURANCE

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   | (X5) COMPLETE DATE                                      |
|--------------------|---|---------------|---|---|
| 4 000              | 11-94.1 Initial Comments<br><br>A licensure survey was conducted by the State Agency from 2/08/2016 through 2/10/2016. The resident census on 2/08/2016 was 29.   | 4 000         | 4 146:<br><br>The facility currently does not have an Activity Director.  | Cm<br>2/10/16   |
| 4 148              | 11-94.1-38(b) Activities<br><br>(b) The activities program shall be directed by an activity professional.<br><br>This Statute is not met as evidenced by:<br>Based on a record review and staff interview the facility failed to have an Activity Director in their employment.<br><br>Findings include:<br><br> | 4 148         | The facility identified an individual to the survey team who comes in twice a week at minjnum (Monday and Friday) to attend to the facility activity program needs, including MDS, care conferences, participating in inter-disciplinary team meetings as appropriate, scheduling of staff, coordinating volunteers and outings, and working with the clinical team to ensure the needs of the facility and it's residents are met. This individual is a Certified Occupational Therapy Assistant and qualifies per regulations to be an Activity Director. [redacted] has been with the facility for the past seven (7) years and has led the activity program in the past, however, [redacted] is not currently employed full-time by the facility.<br><br>The facility is actively looking for a qualified Activity Director and has advertised in the local papers, on job-search websites, posted internal job vacancies, and notified potential applicants via professional networking. The facility has interviewed four potential applicants, none of whom are interested in doing the job full time.<br><br>The facility will continue to search for an Activity Director; however, in the meantime, will work with the current staff to ensure the needs of the facility are met. | Cm<br>2/10/16<br><br>Cm<br>2/10/16<br><br>Cm<br>2/10/16 |

Office of Health Care Assurance  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **Administrator**  
**ADMINISTRATOR** (X6) DATE **5/12/16**  
**2/4/16**

Hawaii Dept. of Health, Office of Health Care Assurance

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NAME OF PROVIDER OR SUPPLIER  
**KULANA MALAMA**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**91-1380 KARAYAN STREET  
EWA BEACH, HI 96706**

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| 4 263              | Continued From page 1  | 4 263         |   |  |
| 4 263              | <p>11-94.1-65(c)(4) Construction requirements</p> <p>(c) The facility shall ensure resident accessibility to living and service areas:</p> <p>(4) All occupants of any bedroom shall be of the same sex except for those semi-private rooms that may be occupied by married couples or long-time non-married couples upon request.</p> <p>This Statute is not met as evidenced by:<br/>This statute is not met as evidenced by:</p> <p>Based on observations and staff interviews the facility failed to ensure that occupants of all bedrooms be of the same sex.</p> <p>Findings include:</p> <div style="background-color: black; height: 100px; width: 100%;"></div> | 4 263         | <p>4 263:</p> <p>A request was submitted to the State of Hawaii, Department of Health, Office of Health Care Assurance concerning an extension to the waiver for Chapter 94.1, Section 11-94.1-65(c)(4).</p> <p>While waiting for a decision on the waiver, the Social Services Director is speaking to the family/legal guardians for the residents who reside in rooms which contain members of the opposite sex. Prior discussions with these families/legal guardians had resulted in approval for placement of the residents in these rooms.</p> <p>Room [redacted] contains a resident who is able to make [redacted] needs known and whose family members have agreed to have [redacted] as [redacted] roommate. The Social Services Director will speak with the family again to ensure that they are agreeable to [redacted] living arrangement.</p> <p>Further action, including room changes, may be necessary depending on the results of the request for the waiver.</p> | <p>3/4/16</p> <p>3/7/16</p> <p>3/7/16</p> <p>3/27/16</p> |

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| 4 283              | Continued From page 2<br><br>         | 4 283         |   |                    |