

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Plaza at Moanalua	CHAPTER 90
Address: 1280 Moanalualani Road, Honolulu, Hawaii 96818	Inspection Date: July 12 & 13, 2016 Biennial

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA

STATE OF HAWAII
DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE ASSURANCE
601 KAMOKILA BOULEVARD, ROOM 361
KAPOLEI, HAWAII 96707

PRELIMINARY
REPORT OF ON-SITE VISIT

NAME OF FACILITY The Plaxa at Moanalua DATE July 12 & 13, 2016
1280 Moanalualani Place, Honolulu, Hawaii

Time In: 0730 Time Out: 1500

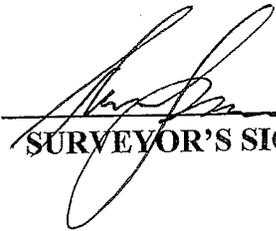
GUIDE: NONE

COMMENTS:

All continuing education certificates of completion should include the name of the person taking the training, the subject covered, the date completed, the instructors name and signature, and the amount of time credited to the course.

AREAS OF NON-COMPLIANCE:

No deficiencies.



SURVEYOR'S SIGNATURE



OPERATOR'S SIGNATURE

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PRELIMINARY
REPORT OF ON-SITE VISIT

NAME OF FACILITY Plaza at Moanalua DATE 7/13/16

AREAS OF NON-COMPLIANCE:

Nutrition

No deficiencies at this time.

Please submit a copy of this week's menu (week #2) and your Consultant RD's evaluation of this week's menu (with substitutions, if any) to OHCA by Friday, July 29, 2016.

 , MS, RD

SURVEYOR'S SIGNATURE



OPERATOR'S SIGNATURE