

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

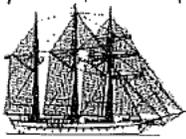
Facility's Name: Hale Hoomakaana	CHAPTER 98
Address: 45-250 Ahaolelo Road, Kaneohe, Hawaii 96744	Inspection Date: May 17, 2016 Annual

	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>FINDINGS Staff #1 no evidence of pre-employment or annual physical exam. No evidence of pre-employment or annual tuberculosis skin test or chest x-ray.</p>	<p><i>See attached</i></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>FINDINGS Refrigerator product temperature is forty-seven (47) degrees</p>	<p><i>see attached</i></p>	

	Fahrenheit.		
<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><u>FINDINGS</u> Basin for sanitizing dishes is sticky.</p>	<i>see attached</i>	
<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><u>FINDINGS</u> Bedrooms #1, #2, and #3 windows are not openable.</p>	<i>see attached</i>	
<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><u>FINDINGS</u> Bedrooms #1, #2, and #3 windows have no screens.</p>	<i>see attached</i>	
<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><u>FINDINGS</u> Bathroom window screen is torn.</p>	<i>see attached</i>	

Licensee's/Administrator's Signature: *[Signature]*
Print Name: Dave Ganes
Date: 7/20/14

Licensee's/Administrator's Signature: *[Signature]*
Print Name: Dave Z. Ganes
Date: 8/5/14



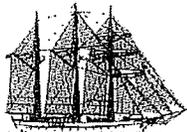
July 21, 2016

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 Ho`omaka`ana

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>FINDINGS Staff #1 no evidence of pre-employment or annual physical exam. No evidence of pre-employment or annual tuberculosis skin test or chest x-ray.</p>	<p>1. Explain how you corrected each deficiency? This particular employee was the result of an unintended oversight. The employee was notified and met with the Program Nurse to receive a physical examination. [REDACTED] has also reported that [REDACTED] had completed a second TB test on June 3, 2016, but have not received documentation proving [REDACTED] statement.</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. The physical exam was completed on May 19, 2016. The employee reported that [REDACTED] second step TB was completed on June 3, 2016. We have not received confirmation of that. Employee was given one week to prove compliance or be suspended until evidence of compliance is provided.</p> <p>2. July 20, 2016</p>
<p>11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall e maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the state.</p> <p>FINDINGS Refrigerator product temperature is forty-seven (47) degrees Fahrenheit</p>	<p>1. Explain how you corrected each deficiency? On May 18, 2016, a repairman was called in to service the refrigerators. Temperature now consistently reads at forty (40) degrees Fahreheit or below.</p> <p>2. Explain what you will do in the future to prevent similar deficiencies from recurring. Refrigerator and freezer temperatures will be recorded daily and maintained in a log daily.</p>	<p>1. May 20, 2016</p> <p>2. May 20, 2016</p>



August 5, 2016

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

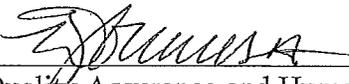
SUBJECT: UNACCEPTABLE PLAN OF CORRECTION (UPOC) NOTICE

We are in receipt of the UPOC, in particular as it pertains to “How often will house managers inspect the facility for maintenance issues?”

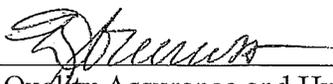
Rules (Criteria)	Plan of Correction	Completion Date
11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the state. FINDINGS Bedrooms #1, #2, and #3 windows are not operable	1. Explain how you corrected each deficiency. Bedrooms #1 and #2 were repaired by the Maintenance Coordinator on May 19, 2016 and is now fully operational. Bedroom #3 was modified with jalousies. 2. Explain what you will do in the future to prevent similar deficiencies from recurring. House Managers and staff are responsible for identifying any maintenance issues requiring repair. Repair needs are typically identified by visual identification while conducting day-to-day activities as well as verbal reports made by program participants. In addition, fire drills logs (See Attached), used in drills conducted at least monthly, have been updated to include a check of all means of egress for full function. Also, the new Quarterly Facility Inspection Form (See Attached) includes checking for proper operation of all windows and doors. Each form directs the individual conducting the fire drill or inspection to inform the Maintenance Coordinator of any needed repairs.	1. May 19, 2016 2. On May 20, 2016, House Managers were reminded to notify the Maintenance Coordinator of any needed repairs. The Maintenance Coordinator in collaboration with the House Manager, will prioritize repair based on safety. Updated Fire Drill Logs will be distributed to House Managers on August 8, 2016, for use in their next monthly fire drill. The Quarterly Facility Inspection Form will be implemented and included in Marimed’s current Quarterly Internal Review, no later than August 15, 2016.

Rules (Criteria)	Plan of Correction	Completion Date
11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the state. FINDINGS Bedrooms #1, #2, and #3 windows have no screens	1. Explain how you corrected each deficiency. On May 20, 2016, all screens identified were repaired and replaced 2. Explain what you will do in the future to prevent similar deficiencies from recurring. House Managers and staff are responsible for identifying any maintenance issues requiring repair. Repair needs are typically identified by visual identification while conducting day-to-day activities as well as verbal reports made by program participants. The new Quarterly Facility Inspection Form (See Attached) includes checking for “window screens are clean and in place”. There is also a column on the form where the inspector will identify needed repairs. The form directs the individual conducting the inspection to inform the Maintenance Coordinator of any needed repairs.	1. May 20, 2016 2. On May 20, 2016, House Managers were reminded to notify the Maintenance Coordinator of any needed repairs. The Maintenance Coordinator in collaboration with the House Manager, will prioritize repair based on safety. The Quarterly Facility Inspection Form will be implemented and included in Marimed’s current Quarterly Internal Review, no later than August 15, 2016.

Rules (Criteria)	Plan of Correction	Completion Date
<p>11-98-14 Physical facility. (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>FINDINGS Bathroom screen is torn.</p>	<p>1. Explain how you corrected each deficiency. On May 20, 2016, the bathroom screen was repaired.</p> <p>2. Explain what you will do in the future to prevent similar deficiencies from recurring. House Managers and staff are responsible for identifying any maintenance issues requiring repair. Repair needs are typically identified by visual identification while conducting day-to-day activities as well as verbal reports made by program participants. The new Quarterly Facility Inspection Form (See Attached) includes checking for "window screens are clean and in place". There is also a column on the form where the inspector will identify needed repairs. The form directs the individual conducting the inspection to inform the Maintenance Coordinator of any needed repairs.</p>	<p>1. May 20, 2016</p> <p>2. On May 20, 2016, House Managers were reminded to notify the Maintenance Coordinator of any needed repairs. The Maintenance Coordinator in collaboration with the House Manager, will prioritize repair based on safety. The Quarterly Facility Inspection Form will be implemented and included in Marimed's current Quarterly Internal Review, no later than August 15, 2016.</p>

Licensee's/Administrator's Signature: 
 Print Name: Dane Z. Y. Ganes, MA, Quality Assurance and Human Resources Director
 Date: August 5, 2016

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>FINDINGS Basin for sanitizing dishes is sticky</p>	<p>1. Explain how you corrected each deficiency? Basin was cleaned and disinfected on May 19, 2016</p> <p>2. Explain what you will do in the future to prevent similar deficiencies from recurring. Basin is cleaned and disinfected daily.</p>	<p>1. May 19, 2016</p> <p>2. May 20, 2016</p>

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

Non-profit IRS 501(c)(3) #99-0235066 – Donations are tax-deductible as permitted by law.
 O`ahu • 45-021 Likeke Place • Kāne`ohe, O`ahu, HI 96744 • (808) 235-1377 • Fax (808) 235-1074
www.Marimed.org

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