

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ka Pa Ola	CHAPTER 98
Address: 94-371 Kahuawai Street, Waipahu, Hawaii 96797	Inspection Date: March 29, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services.</u> (c) Menus and food service shall meet the nutritional needs of the residents.</p> <p>FINDINGS No documentation that the menus meet the nutritional needs of the residents. Menu evaluation and criteria was not submitted as requested.</p>	<p><i>Attached is a copy of the menu evaluation and criteria. The menu will remain the same and if changes are made another evaluation will be completed and available.</i></p>	<p><i>5/17/16</i></p>

<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (2) Individual records shall be kept on each resident which contain the following:</p> <p>A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;</p> <p>FINDINGS Resident #1 no report of a tuberculin skin test.</p>	<p>TB test was found and faxed as evidence of having in file. Attached is another copy for poc. Staff retrained on filing health information. Original will remain in the binder during participants stay at the program.</p>	<p>5/1/16</p>
	<p>We plan to prevent this deficiency from happening in the future by:</p> <ol style="list-style-type: none"> 1. keep back-up copy with emergency paperwork in fire proof safe. 2. Label the TB test clearly so it's easy to spot when going through paperwork 3. post a reminder sign on cabinet where charts are kept that reads "All medical paperwork must remain in chart at all times" 	<p>8/5/16</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 No paper towels by kitchen hand sink.</p>	<p>Paper towel dispenser installed. Staff trained on refilling and location of key for dispenser.</p>	<p>5/3/16</p>
	<p>The kitchen is inspected daily to be sure paper towels are stocked. It will be added to staff duty checklist. program operations manager will monitor supply daily.</p>	<p>8/5/16</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 White granules in kitchen in un-labeled container.</p>	<p>Container and contents thrown out and staff retrained regarding labeling and leaving supplies out.</p>	<p>5/2/16</p>
		<p>The kitchen and storage areas are inspected weekly by the program operations manager. Inspection to ensure all products are labeled, will be added to the weekly inspection checklist. The Dietician also conducts monthly kitchen inspections.</p>	<p>8/5/16</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 Air conditioning unit in second floor classroom not working.</p>	<p>Request to repair air conditioner was already in place at time of inspection. Repair completed. Classroom has access to natural airflow during times that air conditioning is in need of repair</p>	<p>5/3/16</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 Bathroom #1, ground floor, has mildew in the corners of the tile floor.</p>	<p>Mildew has been addressed in bathroom #1. Weekly monitoring of mildew issue is in place. Facilities will re-grout in the event mildew returns</p>	<p>5/1/16</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>Curtain rod replaced with curtains. Missing light bulb also replaced. Safety coordinator will conduct monthly inspections to monitor replacement of rods and lights.</p>	<p>4/30/16</p>

	<p><u>FINDINGS</u> Green bedroom, window has no curtain and ceiling light fixture has a missing lightbulb.</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><u>FINDINGS</u> Blue Bedroom, one window jalousie glass panel is loose.</p>	<p><i>Brackets tightened to ensure jalousies are held in place. Safety monitor will conduct monthly inspections to monitor the need for replacement/repair.</i></p>	<p><i>5/2/16</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><u>FINDINGS</u> Bathroom #2, ceiling light fixture has two (2) missing light bulbs.</p>	<p><i>Missing light bulb replaced. Safety coordinator will conduct monthly inspections to monitor replacement of lights.</i></p>	<p><i>5/2/16</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><u>FINDINGS</u> Bathroom #2, mildew build up in the corners of the tile floor.</p>	<p><i>Mildew has been addressed in Bathroom #2. Weekly monitoring of mildew issue is in place. Facilities will report in the event mildew returns.</i></p>	<p><i>5/2/16</i></p>

Licensee's/Administrator's Signature: Joey Keahioloalo
Print Name: Joey Keahioloalo
Date: 7/25/16

Licensee's/Administrator's Signature: Joey Keahioloalo
Print Name: Joey Keahioloalo
Date: 8/8/16