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Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII  
HEALTH CARE LICENSING

Facility's Name: Poailani Inc.	CHAPTER 98
Address: 45-567 Pahia Road, Kaneohe, Hawaii 96744	Inspection Date: May 26, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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><u>FINDINGS</u></b> Bleach powder on ground floor bathroom.</p>	<p>Met with all staff that cleaning supplies must be locked up at all times and not left on the bathroom floor unattended by staff. Staff training and meeting for all staff on 7/29/16 to review health and safety to include proper handling of cleaning supplies. There is ongoing training and supervision of all staff by the Program Manager who is responsible to ensure staff are following all safety and health codes</p>	<p>7/29/16</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><b><u>FINDINGS</u></b> Trash cans in second floor bathroom and food storage room have no covers.</p>	<p>Trash can have covers on them. Staff educated that all trash cans must have covers. All staff is educated and made aware to check on a daily basis that this is followed. There is ongoing supervision and training for all staff provided on an on-going basis. Program Manager is responsible to ensure staff are following all safety and health codes</p>	<p>5/26/16 7/29/16</p>

Licensee's/Administrator's Signature: Abby R Paredes

Print Name: Abby R Paredes, CED

Date: 7/19/16

Licensee's/Administrator's Signature: Janet Abby Paredes

Print Name: Janet Abby Paredes

Date: 7/20/16