

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hiolani Assisted Living Center at Kahala Nui	CHAPTER 100.1
Address: 4389 Malia Street, Honolulu, Hawaii 96821	Inspection Date: February 22&23, 2017 Biennial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
DUH-OHCA LICENSING

2/23/17 AM 11:15

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-3 <u>Licensing</u> (o)(10)(D) Applications for licensure shall be made to the department on a form provided by the department and shall include full and complete information as follows:</p> <p>Evidence that the premises comply with state and county building, housing, fire, and other codes, ordinances, and laws for the type of occupancy to be licensed. Compliance shall include but not be limited to the following:</p> <p>Applicable state laws and administrative rules relating to sanitation, health, and environmental safety.</p> <p><u>FINDINGS</u> Rodent activity noted in kitchen area.</p>	<p style="text-align: center;">PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Kahala Nui's contracted pest control vendor was in the midst of a rodent eradication program at the time of the inspection.</p> <p>The vendor continued the eradication program.</p> <p>A copy of the report was shared with the inspector.</p> <p>A follow-up visit by the inspector noted no rodent droppings or evidence of pests in the kitchen.</p>	<p style="text-align: center;">March 6, 2017</p> <p style="text-align: right; font-size: small;">DUH-ONCA LICENSING 3/7/2017 12:15 LW</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-90-3 (o)(10)(D)</p> <p><u>FINDINGS</u> Rodent activity noted in kitchen area.</p> <p style="text-align: right; font-size: small; opacity: 0.5;">DUH-CHCA LICENSING MAR 15 2017 9:26 AM</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Kahala Nui has contracted with a pest control vendor. In addition to regular vendor inspections, and pest prevention actions, kitchen staff has been in-serviced to report evidence of any pest activity immediately to the management staff and the vendor will be contacted and action taken to eradicate the pest(s).</p> <p>Additionally, management staff routinely inspects the kitchen areas for (among other things), evidence of any pest or other possible sources of contamination of infection. The Houskeeping staff that cleans the kitchen each night were also in-serviced to report any evidence of pests immediately.</p> <p>The Director of Dining Service and Executive Chef are responsible for managing this process.</p>	<p>March 6, 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-3 <u>Licensing</u> (o)(10)(D) Applications for licensure shall be made to the department on a form provided by the department and shall include full and complete information as follows:</p> <p>Evidence that the premises comply with state and county building, housing, fire, and other codes, ordinances, and laws for the type of occupancy to be licensed. Compliance shall include but not be limited to the following:</p> <p>Applicable state laws and administrative rules relating to sanitation, health, and environmental safety.</p> <p><u>FINDINGS</u> Swimming pool records show ph of 7.9 on a number of occasions without documented corrective action.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Staff was in-serviced to document all corrective actions When the pool ph level is not within acceptable range. Additionally, the Maintenance supervisor and Director of Building Operations will routinely inspect the pool Maintenance logs to ensure that ph levels are Documented and corrective actions taken and reported In the pool records.</p>	<p style="text-align: center;">March 10, 2017</p>

DHF-0100A Licensure
3/10/17
11:00 AM

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-90-3 (o)(10)(D)</p> <p><u>FINDINGS</u> Swimming pool records show ph of 7.9 on a number of occasions without documented corrective action.</p>	<p align="center">PART 2 <u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The pool records will be inspected on a Monthly basis to ensure that the records are Complete and up-to-date, including all actions Taken to correct ph levels that fall outside of acceptable range. These inspections Will be conducted by the Maintenance Supervisor and Director of Building Operations who are responsible for insuring that all pool records are complete and done in a timely manner. Additionally, annual in-service training will be conducted with the maintenance staff to ensure that they have a complete understanding of pool maintenance and record keeping requirements.</p>	<p align="center">March 10, 2017</p>

Licensee's/Administrator's Signature: _____



Print Name: _____

JAY Duquette

Date: _____

3/28/2017

DUIH-ORCA LICENSING

3/28/2017 10:16

**STATEMENT OF DEFICIENCIES/LICENSING/PLAN OF CORRECTION
NOTICE**

State Licensing Section

Jay Duquette

Hiolani Assisted Living Center at Kahala Nui

Hiolani Assisted Living Center at Kahala Nui

March 21, 2017

COMMENTS/ADVISEMENTS

Tuberculosis attestation forms, for all employees and residents who have a history of testing positive for TB, must be signed by a physician or APRN who can assess the person and order medication or chest x-ray if needed.

All attestation forms will be reviewed and signed by the Kahala Nui Medical Director. A policy and procedure has been put in place to ensure that the Human Resources Department is coordinating with the Medical Director when an employee is identified as having a history of testing positive for TB. In the case of residents, the Director of Nursing and the Director of Assisted Living will coordinate with the Medical Director when a history of testing positive for TB is noted in a resident's admission records (prior to admission).

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