

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ho'omau Ke Ola II	CHAPTER 98
Address: 84-1006A Farrington Highway, Waianae, Hawaii 96792	Inspection Date: February 22, 2017 Annual

**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  
HOSPITALS DIVISION

17 APR -7 P1:46

17 APR -7 P1:46

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services.</u> (b) Overall supervisory responsibilities for the food service shall be assigned to a food service manager knowledgeable in food values and nutrition, or one who is receiving such training from the consultant dietitian.</p> <p><b><u>FINDINGS</u></b> No documentation that the food service manager received training from a consultant dietitian.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>No documentation of training for Food Service Manager</i> Dietician performed training for Food Service Manager.</p>	<p style="text-align: center;">3/1/2017</p>

STATE OF IOWA  
DEPARTMENT OF HEALTH  
17 APR -7 P1:46  
JEL



RULE #11-98-05(b)

**PART 2**

**FUTURE PLAN**

**USE THIS SPACE TO EXPLAIN YOUR  
FUTURE PLAN: WHAT WILL YOU DO TO  
ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

*No documentation of training for Food Service  
Manager*

Quarterly trainings to be scheduled at the beginning  
of each year. Quarterly Training to take place on a  
Wednesday in the months of February, May, August,  
and November.

3/1/2017

STATE OF HAWAII  
DEPARTMENT OF HEALTH

17 APR -7 P1:47

<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><b><u>FINDINGS</u></b> No documentation that the menus meet the nutritional needs of the residents. Menu and evaluation was not submitted.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>No documentation that menus meet nutritional needs of residents.</i> Dietician submitted evaluations of six week menus.</p>	<p>3/8/2017</p> <p style="text-align: right;">17 APR -7 P 1:47</p> <p style="text-align: right;">STATE OF HAWAII HONOLULU</p>
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RULE #11-98-05(c)

**PART 2**

**FUTURE PLAN**

**USE THIS SPACE TO EXPLAIN YOUR  
FUTURE PLAN: WHAT WILL YOU DO TO  
ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

*No documentation that menus meet nutritional  
needs of residents.*

HKO recycles 6 week menus. Dietician to re-evaluate  
upon any changes to menu.

3/1/2017

STATE OF HAWAII  
DEPARTMENT OF HEALTH

17 APR -7 P1:47

RECEIVED

<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> Evidence of termite activity in kitchen cabinet under the sink.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Evidence of termite activity</i> Food Service Manager treated area that had evidence of termite activity.</p>	<p style="text-align: right;">3/27/2017</p> <p style="text-align: right;">RECEIVED STATE OF HAWAII DH-0HCA LICENSE</p> <p style="text-align: right;">17 APR -7 P 1:47</p>
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RULE #11-98-14(c)

**FINDINGS**

Evidence of termite activity in kitchen cabinet under the sink.

**PART 2**

**FUTURE PLAN**

**USE THIS SPACE TO EXPLAIN YOUR  
FUTURE PLAN: WHAT WILL YOU DO TO  
ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

***Evidence of termite activity***

HKO to obtain three estimates from professional exterminator and treat as recommended by exterminators.

HKO will schedule the three appointments to obtain estimates no later than 4/7/2017

2/24/16

STATE OF HAWAII  
MNH-OHCA LICENSING

'17 APR -7 P1:47

RECEIVED

<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> No food thermometer.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>No food thermometer</i> Food Service Manager purchased food thermometer and for use during meal preparation.</p>	<p>2/24/2017</p>
		<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">17 APR -7 P1:47</p> <p style="text-align: center;">STATE OF HAWAII DIH-OHCA LICENSING</p>	



<input checked="" type="checkbox"/>	<p><b>RULE #11-98-14(c)</b></p> <p><b><u>FINDINGS</u></b> No food thermometer.</p>	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p align="center"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>No food thermometer</i> Food Service Manager to have back-up food thermometer on premises in the event that the one in use becomes defective. Extra thermometers to be stored in Food Service Manager's locked cabinet.</p>	<p>2/24/2017</p>
		<p align="right">       RECEIVED        STATE OF HAWAII        HHS-0HCA LICENSING        17 APR -7 P 1:47     </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.

**FINDINGS**

Caulking behind faucet in kitchen is breaking and moldy.

**PART 1**

**DID YOU CORRECT THE DEFICIENCY?**

**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**

*Caulking breaking and molding*  
 Food Service Manager scraped and laid new caulking.

3/27/2017

STATE OF HAWAII  
 DEPARTMENT OF LICENSING

17 APR -7 P1:47

RECEIVED



RULE #11-98-14(c)

**FINDINGS**

Caulking behind faucet in kitchen is breaking and moldy.

**PART 2**

**FUTURE PLAN**

**USE THIS SPACE TO EXPLAIN YOUR  
FUTURE PLAN: WHAT WILL YOU DO TO  
ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

***Caulking breaking and molding***

Food Service Manager will inspect facility by the second Wednesday of each month for necessary minor repairs.

3/27/2017

STATE OF HAWAII  
DIVISION OF LICENSING

17 APR -7 P1:47

<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> Wall switch in common bathroom is broken.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Wall switch broken in common bathroom</i> Wall switch was replaced.</p>	<p style="text-align: right;">2/23/2017</p> <p style="text-align: right;">.17 ABR -7 P 1 :47</p> <p style="text-align: right;">STATE OF HAWAII DHH-OHCA LICENSING</p>
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<input checked="" type="checkbox"/>	<p><b>RULE #11-98-14(c)</b></p> <p><b><u>FINDINGS</u></b>  Wall switch in common bathroom is broken.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR  FUTURE PLAN: WHAT WILL YOU DO TO  ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>Wall switch broken in common bathroom</i>  Overnight Counselor Aides will conduct nightly facility inspections and address any necessary minor repairs as needed. Any repair that is not considered minor will be reported to Residential Manager. Issue will then be addressed during Safety Committee meetings.</p>	<p style="text-align: right;">2/23/2017</p> <p style="text-align: right; vertical-align: bottom;"> 17 APR -7 P1:47  STATE OF HAWAII  DHH-DHCA LICENSING </p>
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Licensee's/Administrator's Signature: MaTea

Print Name: Monique Temblor-Lee

Date: 4/4/17

STATE OF HAWAII  
DUIH-OHCA LICENSING

17 APR -7 P1:47