

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hina Mauka	CHAPTER 98
Address: 45-845 Pookela Street, Kaneohe, Hawaii 96744	Inspection Date: September 19, 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.

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SEP 20 2017
STATE LICENSING SECTION
OFFICE OF HEALTH CARE ASSURANCE

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-10 <u>Minimum standards for licensure; administrative and organizational plan.</u> (e) Each facility shall develop written policies and procedures, and criteria governing its management and operations. These shall include but are not limited to the following:</p> <p><u>FINDINGS</u> No fire drill performed in November 2016.</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>Fire Drills were not properly executed in a timely manner (month). Therefore we executed fire drills in the following month as a make up for the missed fire drill for the month prior (ex. two fire drills in December, one for November and one for December). We were however informed by OCHA that this is unacceptable and as such will work with our staff to ensure that the Fire Drills are executed in a timely manner.</p>	<p style="text-align: center;">11/13/2017</p>

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<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> Spray bottles of glass cleaner found unsecured in bedrooms #229, 233, and 240.</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>Upon finding the unsecured spray bottles we immediately removed them from all of the rooms and gave this to the Facilities Supervisor to secure.</p>	<p>9/20/2017</p>

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<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> Bedroom #244, Toilet ceiling air vent filter removed.</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>During the site visit it was discovered that the ceiling air vent was removed. The facilities supervisor immediately checked to ensure that no contraband items were placed in or around that area then the vent was re-secured with its cover.</p>	<p>9/20/2017</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
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Licensee's/Administrator's Signature: 

Print Name: Alan Johnson, President and CEO

Date: 11/14/2017

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