

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Po'ailani Dual Diagnosis Program	CHAPTER 98
Address: 553-A Kawainui Street, Kailua, Hawaii 96734	Inspection Date: May 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.

	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><u>FINDINGS</u> - Refrigerator thermometers not permanently affixed.</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>The thermometers are permanently affixed with zip ties.</p> <p>Confirmed with Sandra Hong at the Sanitation Department</p>	<p>5/19/2017</p> <p style="text-align: right;">17 OCT 18 11:49</p>

	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><u>FINDINGS</u> Refrigerator thermometers not permanently affixed.</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>During daily thermometer checks we will assure that zip ties are intact and thermometers are permanently affixed. Change zip ties as needed</p>	<p>Ongoing</p> <p style="text-align: right;">17 OCT 18 AM 11:49</p>

	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>FINDINGS "Performance" Clorox bleach used to sanitize dishes.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Regular bleach used to sanitize dishes instead of using double strength.</p>	<p>May 19, 2017</p> <p>17 OCT 18 AM 1:18</p>

	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><u>FINDINGS</u> "Performance" Clorox bleach used to sanitize dishes.</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>Po'ailani Inc. will only purchase regular strength bleach. Changes made to the weekly order sheet.</p>	<p>Ongoing</p>

17 OCT 18 AM 11:49

Licensee's/Administrator's Signature: Abby Paredes, CEO
Print Name: Abby Paredes
Date: 10/11/17

17 OCT 18 AM 11:49
ALBANY COUNTY