

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Roselani Place Assisted Living Facility</b>	<b>CHAPTER 100.1</b>
<b>Address: 88 South Papa Avenue, Kahului, Hawaii 96732</b>	<b>Inspection Date: July 12&amp; 13, 2017 Biennial</b>

**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>§11-90-3 <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><b><u>FINDINGS</u></b>  Several panels on the 2<sup>nd</sup> floor laundry room ceiling had water stains from previous plumbing leaks.</p>	<p style="text-align: center;"><b>PART 1</b>  <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>Water leak had occurred when washer hose came off from washing machine on 3<sup>rd</sup> floor, causing water to leak to 2<sup>nd</sup> floor laundry room ceiling.</p> <p>Correction:</p> <ul style="list-style-type: none"> <li>- replaced washer hose and placed drip pan under washing machine</li> <li>- ceiling panels in 2<sup>nd</sup> floor laundry room replaced</li> </ul>	<p style="text-align: center;">06/30/17</p> <p style="text-align: center;">08/22/17</p>

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Licensee's/Administrator's Signature: Steven Hansen

Print Name: STEVEN HANSEN

Date: 12.7.2017