

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Roselani Place Assisted Living Facility	CHAPTER 100.1
Address: 88 South Papa Avenue, Kahului, Hawaii 96732	Inspection Date: July 12& 13, 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.**

Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/> §11-90-3 <u>Licensing (o)(10)(D)</u> 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:  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:  Applicable state laws and administrative rules relating to sanitation, health, and environmental safety.  <u>FINDINGS</u> Several panels on the 2 <sup>nd</sup> floor laundry room ceiling had water stains from previous plumbing leaks.	<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>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:            - replaced washer hose and placed drip pan under washing machine            - ceiling panels in 2<sup>nd</sup> floor laundry room replaced</p>	<p style="text-align: center;">06/30/17</p> <p style="text-align: center;">08/22/17</p>

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<input checked="" type="checkbox"/> §11-90-7 Inservice education. (2) There shall be a staff inservice education program for the entire staff that includes:  Ongoing inservice training on a regularly scheduled basis (minimum of six hours annually).  <b>FINDINGS</b> Employee #1 no documentation of any hours completed for 2016. This employee will be required to complete 6 hours of training for the 2017 inspection year plus 6 additional hour for the 2016 missed training (a total of twelve (12) hours).	<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>Employee #1 completed 6 hours of training.            Employee #1 resigned 10/08/17.</p>	



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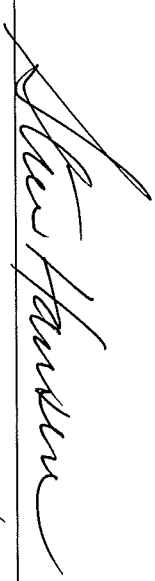
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<input checked="" type="checkbox"/> §11-90-8 Range of services. (b)(1)(B) Services. The assisted living facility shall provide the following: Three meals daily, seven days a week, including modified diets and snacks which have been evaluated and approved by a dietitian on a semi-annual basis and are appropriate to residents' needs and choices; <b>FINDINGS</b> No documentation that the menus were evaluated and approved by the dietitian on a semi-annual basis.	<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 style="text-align: center;">Dietician Consult signed approved menu. Emailed menus to state RDA.            Confirmed with RDA signed menu was received and met state requirements.</p>	<p style="text-align: center;">07/13/17</p> <p style="text-align: center;">07/21/17</p>

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Licensee's/Administrator's Signature:



Print Name:

STEVEN HANSEN

Date:

12.7.2017