

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Po'ailani Inc.	CHAPTER 98
Address: 45-567 Pahia Road, Kaneohe, Hawaii 96744	Inspection Date: September 13, 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 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.</p> <p><u>FINDINGS</u> Room #1, evidence of termite activity in dresser.</p>	<p>PART 1 <u>DID YOU CORRECT THE DEFICIENCY?</u> Yes USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY replaced dresser</p>	<p>9/15/17</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><b><u>FINDINGS</u></b>  Room #1, evidence of termite activity in dresser.</p>	<p style="text-align: center;"><b>PART 2</b>  <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 style="text-align: center;"><i>check all furniture for possible termite activity and replace as needed</i></p>	<p style="text-align: center;"><i>Ongoing</i></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>  Room #6, hole in screen.</p>	<p style="text-align: center;"><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b>  <i>yes</i>  <b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>took screen to City Mill for repair</i></p>	<p style="text-align: center;"><i>9/15/17</i></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> Upstairs bathroom, toilet paper holder in 1<sup>st</sup> stall is broken. Shower head plate is loose.</p>	<p><b>PART 1</b> <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b> yes <b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>purchased new toilet paper holder and replaced showerhead plate changed &amp; tightened</p>	<p>10/20/17</p> <p>11/17/17</p>

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Licensee's/Administrator's Signature: Janet R. Paredes  
Print Name: Janet R Paredes  
Date: 12/14/17