

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 18, 2018 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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18 JUN 27 10:37

**STATE OF HAWAII
DOH-OHCA
STATE LICENSING**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c)</p> <p>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></p> <p>Live roaches visible in multiple drawers and cabinets in facility kitchen.</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>Chief operating officer contacted Terminex on May 18, 2018 and Terminex came on May 19, 2018 to provide/treat the drawers and cabinets for pest & pesticide treatment</p>	<p style="text-align: center;">May 19, 2018</p> <p style="text-align: center;">18 JUN 27 AIO:37</p> <p style="text-align: center;">STATE OF HAWAII DOH-ORCA STATE LICENSING</p>

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STATE OF HAWAII
DOH-CHCA
STATE LICENSING

Licensee's/Administrator's Signature: Janet R. Paredes
 Janet R. "Abby" Paredes, CEO

Print Name: Co-signing for Janet Paredes Renee Stora COO

Date: June 26, 2018