

# STF CLOSED ON JANUARY 17, 2018

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|  |                                      |
|--|--------------------------------------|
| Facility's Name: Hale Ho'omaka'ana                   | CHAPTER 98                           |
| Address: 45-250 Ahaolelo Road, Kaneohe, Hawaii 96744 | Inspection Date: May 26, 2017 Annual |

|                                     | Rules (Criteria)   | Plan of Correction | Completion Date |
|-------------------------------------|--|--------------------|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-98-14 <u>Physical facility.</u> (c)<br/>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>FINDINGS</b><br/>Facility is using "performance" bleach to sanitize dishes.</p> |                    |                 |
| <input checked="" type="checkbox"/> | <p>§11-98-14 <u>Physical facility.</u> (c)<br/>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>FINDINGS</b><br/>Bedroom #3 no bulbs in ceiling light fixture.</p>              |                    |                 |
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|---|--|--|
| <input type="checkbox"/><br><b>FINDINGS</b><br>Bedroom #1 and #2 windows are not operable.  |  |  |
| <input checked="" type="checkbox"/><br>§11-98-14 <u>Physical facility.</u> (c)<br>Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.<br><b>FINDINGS</b><br>Bedrooms #1 and #2 windows have no screens. |  |  |

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Special Treatment Facility Sanitation Report

| Facility Information   |   |
|--|---|
| Name of Facility   | <b>Hale Ho'omaka'ana</b>                    |
| Date of visit  | <b>5-26-17</b>                              |
| Operator   | <b>Matthew A. Claybaugh Ph: 236-4900</b>    |
| Nurse Consultant   | <b>J. Lam</b>                               |
| Address  | <b>47-250 Ahaolelo Rd, Kahaluu HI 96740</b> |
| Sanitarian   | <b>Edwin Jatico</b>                         |
| Inspection Type:    Initial   Annual x   Complaint   Renovation<br><br>Capacity #   8<br>Census #<br><br>Ambulatory x<br>Walkers<br>Wheelchair<br>Premises Satisfactory<br>Premises NOT Satisfactory |   |
| Findings   | HAR, Chapter 11-98                          |
| Uses "Performance" type of Clorox bleach to sanitize dishes. "Performance" type is a stronger concentration of chlorine bleach and has not been approved by the Department.                          | 14-c  |
| Bedroom #3 – Have no bulbs in the ceiling light fixture  | 14-c  |
| Bedrooms #1, & 2 - windows are not openable  | 14-c  |
| Bedrooms #1, & 2- windows have no screens  | 14-c  |
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|  |   |
| Remarks  |   |
|  |   |

  
 \_\_\_\_\_  
 Sanitarian

5-26-17 **RECEIVED**  
 Date    MAY 26 2017

Initial: \_\_\_\_\_

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Sanitarian

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Date