

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 Kauoha Kakou	CHAPTER 98
Address: 47-440 Pulama Road, House A, Kaneohe, Hawaii 96744	Inspection Date: May 26, 2017 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure: personnel.</u> (e) There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.</p> <p><u>FINDINGS</u> Staff #1 no evidence of pre-employment physical exam.</p>		
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure: personnel.</u> (e) There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.</p>		

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<input checked="" type="checkbox"/>	<p>FINDINGS Staff #1 no evidence of annual physical exam.</p>		
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure: personnel. (e)</u> There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.</p> <p>FINDINGS Staff #1 no evidence of annual tuberculosis test.</p>		
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility. (c)</u> 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>FINDINGS No food thermometer.</p>		
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility. (c)</u> 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>FINDINGS Bedroom #2, window crank is broken.</p>		

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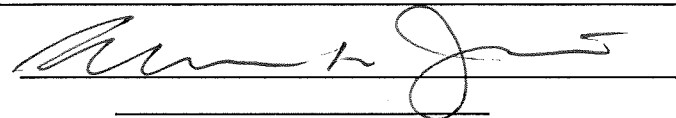
Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____

Special Treatment Facility Sanitation Report

Facility Information	
Name of Facility	Hale Kauoha Kakou
Date of visit	6-16-17
Operator	Matthew A. Claybaugh Ph: 236-4900
Nurse Consultant	J. Lam
Address	47-440 Pulama Rd, House A Kaneohe HI 96744
Sanitarian	Edwin Jatiko
Inspection Type: Initial Annual x Complaint Renovation Capacity # 8 Census # Ambulatory x Walkers Wheelchair Premises Satisfactory Premises NOT Satisfactory	
Findings	HAR, Chapter 11-98
Bedroom #2- One window crank, broken	14-c
No Food thermometer	14-c
Remarks	



 Sanitarian

6-16-17
 Date

JUN 19 4 04 PM '17