

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HI02ADHC004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/14/2019
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NAME OF PROVIDER OR SUPPLIER CENTRAL UNION CHURCH ADULT DAY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1660 SOUTH BERETANIA STREET HONOLULU, HI 96826
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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6 000	INITIAL COMMENTS A licensure survey was conducted by the State Agency on 02/14/19. The census at entrance was 116 clients.	6 000		
6 229	11-96-30(h)(4) PHYSICAL PLANT CONSTRUCTION REQUIREMENT An adequate supply of hot and cold potable running water must be provided at all times. Temperatures of hot water at plumbing fixture used by clients shall be automatically regulated and shall be maintained at a level between 100 to 110 F; This Statute is not met as evidenced by: Based on observation and interview with staff member, the facility did not ensure a supply of hot potable running water is provided in the restroom handwashing sinks. Findings include: On the morning of 02/14/19 observation found no hot potable running water in the women's restroom handwashing sinks. On the morning of 02/15/19 telephone conversation with the Administrator confirmed the handwashing sinks in the women's restroom does not have hot running water.	6 229	11-96-30(h)(4) PHYSICAL PLANT CONSTRUCTION REQUIREMENT "Temperatures of hot water at plumbing fixture used by clients shall be maintained at a level between 100 to 110F." Please see attached letter requesting a waiver, which will allow the Center to maintain the sink spigots with cold water (73.8 degrees).	03.12.19

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 10-09-00184
 19 MAR 18 P1:41 W
 STATE OF HAWAII
 DOH-OHCA
 MEDICARE CERTIFICATION

Office of Health Care Assurance LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Philip Isaacs</i>	TITLE <i>Administrator</i>	(X6) DATE 3/12/19
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