

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hoomaluhia ARCH	CHAPTER 100.1
Address: 45-672 Luluku Road, Kaneohe, Hawaii 96744	Inspection Date: May 7, 2021 Initial

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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOM-ORCA
STATE LICENSING

21 JUL 16 P 3:36

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. FINDINGS No refrigerator thermometer.	<p style="text-align: center;">PART I</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>Please refer to form attached below</p> <p>Yes. The deficiency was corrected. The refrigerator thermometer was located in the deli drawer and placed in the walk-in cooler compartment. Correction done on May 17, 2021.</p>	<p style="text-align: center;">5/17/2021</p> <p style="text-align: center;">5/18/2021</p> <p style="text-align: center;">[Signature]</p>

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 JUL 16 P 3:36

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(A) Fire prevention protection. Type I ARCHS shall be in compliance with, but not limited to, the following provisions: Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction; FINDINGS Slide locking device installed on the wooden exit gate. Removed during the inspection.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: center;">21 JUL 16 P 3 36</p>

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August 12th, 2021

Hawaii DOH Office of Health Care Assurance State Licensing Section
601Kamokila Boulevard, Room 361, Kapolei, Hawaii 96707

Statement of deficiencies/Licensing/Plan of correction Notice

No	Statement of Deficiency (SOD)	How I corrected the deficiency Plan of Correction	Corrective Action
2	11-100.1-23 (g) (3) (A) Slide locking device on the wooden exit gate	Sliding locks were immediately removed from the wooden exit gate in the Lanai during the inspection. Care Home operators reviewed the prohibited locking devices form. Care home operators understood the rationale for having any prohibited locking devices removed prior to admission of resident(s).	<p>Explanation of how I will prevent a similar deficiency from recurring:</p> <p>Should the ARCH ever be absent of residents, and the locking device re-installed for security purposes, the PCG will be sure to remove the sliding lock(s) prior to the admitting of any resident. Prohibited locking devices form in the care home binder will be reviewed.</p> <p>Steps I will follow to ensure that slide locking devices are not installed on exit gates.</p> <ol style="list-style-type: none">1. Exits will be checked for prohibited locking devices prior to resident admission. Any devices prohibited if present will be removed prior to resident admission. <p>Specific plan of action to follow to prevent a recurrence of the deficiency.</p> <ol style="list-style-type: none">1. Inspection of all doors and exits will be made to ensure that unacceptable locking devices are removed prior to resident admission.2. The handout for prohibited locking devices will be in my care home binder for reference. <p>Corrective action took place immediately on May 7th, 2021 during the inspection. Completion date for POC/future plan is 8/12/21.</p>

Sincerely,

Josephine Lesa, Ho'omaluhia Owner and Operator, Home owner & Primary Care Giver

STATE OF HAWAII
DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING
AUG 16 10:39

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____

[Handwritten Signature]
Josephine Lesea

July 11, 2021

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____

[Handwritten Signature]
Josephine Lesea

9/17/2021

STATE OF HAWAII
DOH-DMCA
STATE LICENSING

21 JUL 16 P 3:36