

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Kokua Gardens	CHAPTER 100.1
Address: 340-B Kawainui Street, Kailua, Hawaii 96734	Inspection Date: November 12, 2021 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

21
NOV 10 P2:46
STATE LICENSING SECTION
OFFICE OF HEALTH CARE ASSURANCE
HAWAII

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p>FINDINGS Lunch menu was not provided as scheduled. Lunch menu for "Friday" states, "steamed fish, corn, lettuce, papaya, brown rice, creamy salad dressing, water"; however, resident was observed being served a bowl of chicken papaya soup with rice, fresh papaya, and a cup of water.</p>	<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: right;">21 DEC 10 P 2:46</p> <p style="text-align: right; font-size: small;">STATE OF MINNAPOLI DEPARTMENT OF STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> White out used multiple times on fire drill log</p>	<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: right; font-size: small;">STATE OF HAWAII DHS-800A STATE INSPECTION</p>	<p style="text-align: right;">21 DEC 10 P2:46</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> White out used multiple times on fire drill log</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">- NO WHITE OUT WILL BE USED IN FIRE DRILL LOG. PLACE A NOTE IN THE BINDER TO REMIND NOT TO USE WHITE OUT.</p>	<p style="text-align: center;">1/28/28</p> <p style="text-align: center;">22 FEB -4 P12:25</p> <p style="text-align: center;">STATE OF ILLINOIS DEPARTMENT OF STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>FINDINGS Single-use paper towels unavailable for use in residents' bathroom</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">SINGLE USE PAPER TOWEL WAS PLACED IN RESIDENT'S BATHROOM.</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH-311A STATE LICENSING</p>	<p style="text-align: center;">11/12/21</p> <p style="text-align: right;">21 DEC 10 P2:46</p>

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STATE OF HAWAII
 DEPARTMENT OF HEALTH
 STATE LICENSING

22 FEB -4 P12:25

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(2) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows shall have screens having no less than sixteen meshes per inch.</p> <p>FINDINGS Bedrooms #1,2 – Window screens were not fixed flush against main frame, leaving gaps between window frame and screen frame for insects/bugs to enter.</p> <p>Bedroom #1 – Large hole in window screen allowing insects/buts to enter</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>- SCREWS WAS ADDED TO PROPERLY FLUSH THE WINDOW SCREENS AGAINST THE MAIN FRAME.</p> <p>- WINDOW SCREENS WITH HOLE WAS REPLACED</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII BOARD OF ARCHITECTS STATE LICENSING</p>	<p>11/12/21</p> <p style="text-align: right;">21 DEC 10 P2:47</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(2) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows shall have screens having no less than sixteen meshes per inch.</p> <p><u>FINDINGS</u> Bedrooms #1,2 – Window screens were not fixed flush against main frame, leaving gaps between window frame and screen frame for insects/bugs to enter.</p> <p>Bedroom #1 – Large hole in window screen allowing insects/buts to enter</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;">- CHECK PERIODICALLY FOR WINDOW SCREENS BE SURE IT IS PROPERLY FLUSH AGAINST THE WALL AND WITH OUT ANY HOLE. SUBSTITUTE CARE GIVERS WILL ALSO HELP THIS ITEMS ALSO.</p>	<p style="text-align: center;">1/28/22</p> <p style="text-align: right;">22 FEB -4 P12:25</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DORIS LISA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3) A Type I expanded ARCH shall be in compliance with existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><u>FINDINGS</u> No evidence fire drills were conducted during the evening, between 5:00pm-8:10am between 11/2020-11/2021.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">FIRE DRILL WAS CONDUCTED AT 4 PM. ON DECEMBER 2, 2021.</p>	<p style="text-align: center;">12/1/21</p> <p style="text-align: right;">21 DEC 10 P 2:27</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DONALD A. IKA STATE LIEUTENANT</p>

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STATE OF HAWAII
DONORICA
STATE LICENSING

Licensee's/Administrator's Signature: Lynda Odumi

Print Name: LYNDA ODUMIA

Date: 12/9/21

21 DEC 10 P 2:47

STATE OF HAWAII
DEPT. OF A
STATE LICENSING

Licensee's/Administrator's Signature: Lynda Odumi

Print Name: LYNDA ODUMI

Date: 01/28/2022

STATE OF HAWAII
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