PRINTED: 10/18/2022 FORM APPROVED

(X6) DATE

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ` `			(X3) DATE SURVEY COMPLETED		
ANDILAN	or contraction	IDENTIFICATION NOMBER.	A. BUILDING:		OOMITE IED			
		125063	B. WING		09/23/2022			
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
15 CRAIG	SIDE		SIDE PLACE					
HONOLULU, HI 96817 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S I					N	(X5)		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	D BE COMPLETE			
4 000	Initial Comments		4 000					
	Office of Health Care -09/23/22. The facilit requirements at Hawa 11, Chapter 94.1, Nur	Arvey was conducted by the Assurance on 09/20/22 y was found not to meet the aii Administrative Rules, Title rsing Facilities. esidents at the time of						
4 159	11-94.1-41(a) Storage	e and handling of food	4 159			10/7/22		
		orocured, stored, prepared, ed under sanitary conditions.						
	above the floor in a v							
	` '	oods shall be stored at the to conserve nutritive value lage.						
	failed to store and lab professional standard Residents (R) risk se foodborne illness as a	n and interview the facility bel food in accordance with ds for food service safety. rious complications from a result of their		15 Craigside is committed to ensure t residents will remain safe and ensure highest quality of care.				
	unsanitary food hand	status. Unsafe and/or ling practices represent a athogen exposure for all y.		On 9/23/202, identified thawed egg w without proper labeling were discarde prevent residents from consuming potentially expired food. In addition, r residents were identified with symptor resulting from food borne illness.	d to			
	-	AM the state agency (SA)		On 10/4/2022 the Chef and Dietician				
Office of Healt	h Care Assurance	AM, the state agency (SA)		On 10/4/2022 the Oher and DietiClan				

Office of Health Care Assurance

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed 10/07/22

STATE FORM Y3L911 If continuation sheet 1 of 3

TITLE

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Hawaii Dept. of Health. Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
125063		125063	B. WING		09/23/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
15 CRAIG	SIDE	15 CRAIGS	SIDE PLACE			
		HONOLUL	U, HI 96817			
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
4 159	Continued From page 1		4 159			
	did an initial tour of the kitchen with the Food Service Supervisor (FSS). SA observed several cartons of egg whites in the walk-in refrigerator with no manufacturer expiration dates. When asked, the FSM was unable to verbalize how long the egg whites are good for. On 09/23/22 at 09:55 AM, the SA conducted a follow-up tour of the kitchen with the FSM. In the outside walk-in refrigerator, the SA observed two (2) large metal trays with approximately 9 to 12 cartons of egg whites per tray. The cartons read "frozen egg product." Most cartons were labeled with a handwritten date of 09/12/22, with one carton labeled 09/19/22. The FSS stated staff write the date of receipt on the cartons. Confirmed cartons were received on 09/12/22 and 09/19/22. When asked again about the expiration dates for the egg whites, the FSS was unable to verbalize an answer, stating "I'm not surewe keep them frozen in here." The SA picked up a carton and indicated that it was fully thawed. The FSS was surprised they were not frozen. The SA turned the carton to the			reviewed the storage recommendation the frozen eggs and confirmed that da must be added to the label which show addition to received date, both the dat pulled from frozen and discard date. On 10/4/2022 the Chef and Dietician confirmed that all egg whites being storage in the refrigerator were labelled with a received date, pulled from frozen date discard date. On 10/5/2022 the Chef and Dietician reviewed the storage recommendation all received food products that are required to be frozen and discarded a specific date after being thawed. For these identified foods, a protocol was updated to provide quick reference to to ensure both the pull date and discardate are labelled on the product per manufacture instructions. Please see attached Labelling Protocol.	I that dates ich shows in I the date I date. etician being stored d with a ten date and etician endation of are arded at a ed. For col was ence to staff and discard ct per	
	"STORAGE KEEP FROZEN Use within 3 days after	_		On 10/5/2022 the Dining Protocol (Labelling) was updated to ensure tha foods that are stored frozen and pulle storage are labelled according to	d for	
	Keep unused portion Do not re-freeze."	•		manufacture instructions. Please see attached updated Dining protocol (labelling).	the	
	about that suggestion storage instructions a a deficient practice to	e FSS stated "I didn't know n." SA informed the FSS that ire not suggestions, and it is not be following them. The ed he would discard all the		On 10/6/2022 the Dining Services Tea were trained on the updated Dining Protocol (labelling). Please see the attached training acknowledgement for (TAF).		

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Office of Health Care Assurance STATE FORM

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Hawaii Dept. of Health, Office of Health Care Assurance

NAME OF PROVIDER OR SUPPLIER 15 CRAIGSIDE B. WING O9/23/2022 STREET ADDRESS, CITY, STATE, ZIP CODE 15 CRAIGSIDE PLACE HONOLULU, HI 96817	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 15 CRAIGSIDE 15 CRAIGSIDE PLACE HONOLULU, HI 96817	AND I DAVIOR CONNECTION		A. BUILDING:						
15 CRAIGSIDE 15 CRAIGSIDE PLACE HONOLULU, HI 96817	125063		B. WING		09/23/2022				
15 CRAIGSIDE HONOLULU, HI 96817	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
	I 15 CRAIGSIDE								
	040 IB	HONOLULU, HI 96817							
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETE			
4 159 Continued From page 2 4 159	4 159	Continued From page 2		4 159					
On 09/23/22 at 10:15 AM, a food service worker informed the SA that the usual process of receipt for the frozen egg whites is to receive them frozen and to label each carton with the date of receipt, then place them in the freezer. Because they go through so many egg whites, they will pull whole trays and place them in the refrigerator to thaw, but unfortunately it is not their current practice to label when they are being pulled for thawing. The food service worker and the FSS both acknowledged that without labeling when they were pulled for thawing, there is no way to ensure the egg whites are being used within 3 days as per the storage instructions. 4159 Effective 107//2022 and ongoing, a monthly random audit will be completed by Chef, Dietician and/or Designee to ensure compliance with labelling of foods. The monthly audit will occur for 6 consecutive months and then transition to a quarterly audit. Findings form is audit will be reviewed and shared during the facilities quality assurance program. Please see attached sanitation audit.	4 159	On 09/23/22 at 10:15 informed the SA that for the frozen egg wh frozen and to label eareceipt, then place they go through so m whole trays and place thaw, but unfortunate practice to label when thawing. The food se both acknowledged they were pulled for the egg white.	AM, a food service worker the usual process of receipt ites is to receive them ach carton with the date of the em in the freezer. Because any egg whites, they will pull the them in the refrigerator to all it is not their current to they are being pulled for the ervice worker and the FSS that without labeling when the having, there is no way to se are being used within 3	4 159	monthly random audit will be completed. Chef, Dietician and/or Designee to encompliance with labelling of foods. The monthly audit will occur for 6 consecut months and then transition to a quarted audit. Findings form this audit will be reviewed and shared during the facility quality assurance program. Please see	isure ne ne ntive erly			

Office of Health Care Assurance STATE FORM

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