

Office of Health Care Assurance

State Licensing Section

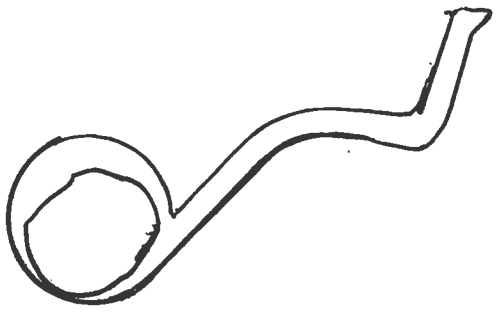
## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hale Lokelani Ohana	CHAPTER 89
Address: 295 Mikohu Loop, Kahului, Hawaii 96782	Inspection Date: September 23, 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.**

**JAN 03 2022**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><b><u>FINDINGS</u></b> Privacy doorknobs were installed on each resident's bedroom door. The metal rod needed to open the doors was not on site.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">I Found the keys and sent a photo to document to Akemi Fukutomi.</p> 	<p style="text-align: center;">Sept 25</p> <p>Found on day of inspection after Akemi left.</p> <p style="text-align: right;">JAN 03 2022</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p><u>FINDINGS</u> Privacy doorknobs were installed on each resident's bedroom door. The metal rod needed to open the doors was not on site.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Lokelani Ohana representative will give DOT office of care assurance administrator the door key for each residents door to see and know that it is kept above the door or each room on the ledge, at the time of the inspection</p>	<p style="text-align: right;">22 MAR 23 P 1 00</p>

STATE OF HAWAII  
DHF-0HCA  
STATE LICENSING

Licensee's/Administrator's Signature:



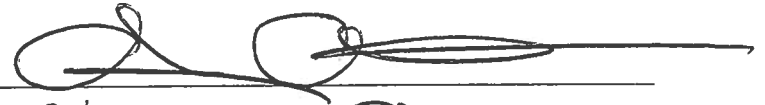
Print Name:

Christina Chang

Date:

12/29/2021

Licensee's/Administrator's Signature:



Print Name:

Christina Chang

Date:

3/21/22

JAN 03 2022