

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, Maui 96732	Inspection Date: September 23, 2022 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.

Stamp: STATE OF HAWAII, DEPT. OF HEALTH, STATE LICENSING SECTION

23 JAN -9 PM 51

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-4 <u>License denial.</u> (a)(4) A license may be denied for any of the following reasons:</p> <p>Prior felony or criminal convictions in a court of law by applicant.</p> <p>FINDINGS Responsible Adult (RA) #1 – No fieldprint results available for review.</p>	<p style="text-align: center;">PART 1</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>Yes, Jo Wrights Fieldprint was completed and green clearance is attached although she is no longer employed by Lokelandi Ohana.</p>	<p>10/22 12/22</p> <p style="text-align: right;">23 JAN -9 P1:51</p>

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	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>FINDINGS</p> <ol style="list-style-type: none"> 1. Water hose partially blocking path to area of refuge. 2. Smoke detector checks are currently not being documented. 	<p style="text-align: center;">PART 1</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 style="text-align: center;">1. This citation was corrected on cite.</p>	<p style="text-align: right;">9/22</p> <p style="text-align: right;">23 JAN -9 P 1:51</p> <p style="text-align: right; font-size: small;">STATE #EHW411 DOH-ORCA STATE LICENSING</p>

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4. Keep the Smoke Detector Record in DamBina 12/22^{cc}

Licensee's/Administrator's Signature:



Print Name:

Christina Oroney

Date:

12/27/22

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

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