

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Ho'omau Ke Ola II</b>	<b>CHAPTER 100.1</b>
<b>Address: 84-1006A Farrington Highway, Waianae, Hawaii 96792</b>	<b>Inspection Date: February 27, 2024 Annual</b>

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

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services.</u> (a) A special treatment facility shall have a written plan describing the organization and delivery of dietetic services and the utilization of the services of a qualified dietitian as required herein.</p> <p><b><u>FINDINGS</u></b> No documented evidence that the facility utilized the services of a qualified Consultant Registered Dietitian (RD). RD service contract and documentation of dietetic registration of RD were not submitted.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services.</u> (b) Overall supervisory responsibilities for the food service shall be assigned to a food service manager knowledgeable in food values and nutrition, or one who is receiving such training from the consultant dietitian.</p> <p><b><u>FINDINGS</u></b> No documented evidence that the food service manager received training from the Consultant RD. Evidence of training was not submitted.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services.</u> (c) Menus and food service shall meet the nutritional needs of the residents.</p> <p><b><u>FINDINGS</u></b> No documented evidence that the menus and food service meet the nutritional needs of the residents. Menus and menu evaluations were not submitted.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure; personnel.</u> (e)  There shall be documented evidence that every employee has a pre-employment and an annual health evaluation by a physician. These evaluations shall be specifically oriented to determine the presence of any infectious disease liable to harm a resident. Each health evaluation shall include a tuberculin skin test or a chest x-ray.</p> <p><b><u>FINDINGS</u></b>  <u>Staff #2 – No documented evidence of a current annual tuberculosis clearance signed by a physician or advanced practice registered nurse (APRN) on file.</u></p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	



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<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure; personnel.</u> (1) The administrator shall see that at least one staff member on each shift possesses a current First Aid certificate and CPR training. Recertification of training shall be required by all staff at least every two years.</p> <p><b><u>FINDINGS</u></b> Staff #1 – No documented evidence of a current cardiopulmonary resuscitation (CPR) and First Aid certifications on file.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><b><u>FINDINGS</u></b> Kitchen in disrepair. Observed missing cabinets, drawers, and loose wood.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_