Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha House	CHAPTER 98
Address: 4593 Ike Drive, Makawao, Hawaii 96768	Inspection Date: February 22, 2024 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

'24 APR 29 P2:14

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-98-11 Minimum standards for licensure; personnel. (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. **FINDINGS** Employee #1: No documented evidence of annual tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** EMPLOYEE #1 HAD A PRE-EMPLOYMENT 2-STEP TB ON 6/6/2019. SHE HAD A FOLLOW UP TB ON 1/2/21 AND MOST RECENTLY ON 4/3/24	6/6/19 1/2/21 4/3/24

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-98-11 Minimum standards for licensure; personnel. (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. **FINDINGS** Employee #1: No documented evidence of annual tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** HUMAN RESOURCES MAINTAINS A TRACKER THAT INCLUDES TB FOR ALL EMPLOYEES FOR ANNUAL TB TESTS. THE EMPLOYEE AND THEIR SUPERVISOR ARE SENT A REMINDER AND IF THEY FAIL TO COMPLY, THEY WILL BE SUSPENDED. UNTIL THEY ARE BACK IN COMPLIANCE.	4/25/24 STATE LICENSING '24 APR 29 P2:14

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-98-11 Minimum standards for licensure; personnel. (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. **FINDINGS** Employee #2: No documented evidence of annual tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** EMPLOYEE #2 HAD A PRE-EMPLOYMENT 2-STEP TB ON 10/21/21. SHE HAD A FOLLOW UP TB ON 10/21/22. SHE TERMINATED EMPLOYMENT ON 3/17/24 BEFORE WE COULD GET A CURRENT TB FROM HER.	10/21/21 10/21/22 3/17/24 '24 APR 29 P2:14 STATE OF HAWAII DOH-OHCA STATE LICENSING

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☒	§11-98-11 Minimum standards for licensure; personnel. (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. **FINDINGS** Employee #2: No documented evidence of annual tuberculosis clearance.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** HUMAN RESOURCES, MAINTAINS A TRACKER THAT INCLUDES TB FOR ALL EMPLOYEES FOR ANNUAL TB TESTS. THE EMPLOYEE AND THEIR SUPERVISOR ARE SENT A REMINDER AND IF THEY FAIL TO COMPLY, THEY WILL BE SUSPENDED UNTIL THEY ARE BACK IN COMPLIANCE.	4/25/24

STATE OF HAWAII
DOH-OHCA
STATE LICENSING
'24 APR 29 P2:14

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-98-11 Minimum standards for licensure; personnel. (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. **FINDINGS** Employee #3: No documented evidence of annual tuberculosis clearance.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** EMPLOYEE #3 HAD A TB TEST ON 4/25/24.	4/25/24

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-98-14 Physical facility. (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State. **FINDINGS** Bathroom in men's dormitory "A" noted to have missing floor tiles.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** BATHROOM IN MEN'S DORM A IS BEING REMODELED (THE LAST OF THE 3 BATHROOMS IN DORM A). THE FLOOR HAS BEEN TAKEN OUT AND REPLACED. IT WILL END UP WITH HARD TILE LIKE THE OTHER 2 BATHROOM. THE WORK WAS DELAYED UNTIL 4/20/24 BECAUSE THE CONTRACTOR HAD TO HAVE SURGERY AND THEN GOT COVID.	4/20/24

STATE OF HAWAII
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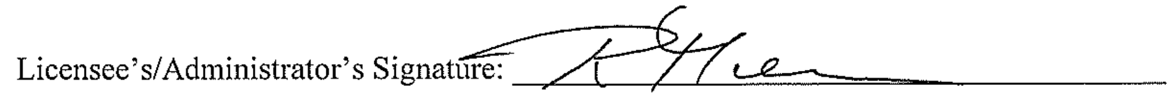
Licensee's/Administrator's Signature: ______________________

Print Name: RONALD NELSON

Date: 4/25/24

'24 APR 29 P2:13
STATE OF HAWAII
STATE LICENSING



Licensee's/Administrator's Signature: ____________________

Print Name: Ronald Nelson

Date: 5/3/24

'24 MAY -8 P1:07
STATE OF HAWAII
STATE LICENSING