

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: MOKA TLP</b>	<b>CHAPTER 98</b>
<b>Address: 1189 Manuwa Drive, Honolulu, HI 96818</b>	<b>Inspection Date: August 7, 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.**

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-04 <u>Administrative and statistical reports.</u> (b) Written records of the occurrence of fire safety and disaster drills shall be available for inspection.</p> <p><b><u>FINDINGS</u></b> No documented evidence of monthly fire drills and disaster drills on file for department review.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Yes, deficiency was corrected.</p> <p>The staff of MOKAs TLP received retraining from the administrator and the program director to address and correct the deficiency. They learned from page 11 of the MOKAs policies and procedures handbook, under the subheading Fire Safety &amp; Disaster drills, that they must document and file the records of fire and disaster drills for the department's review monthly.</p> <p style="text-align: right;">AUG 13 10:58:01</p>	<p style="text-align: center;">8/8/24</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-04 <u>Administrative and statistical reports.</u> (b) Written records of the occurrence of fire safety and disaster drills shall be available for inspection.</p> <p><b>FINDINGS</b> No documented evidence of monthly fire drills and disaster drills on file for department review.</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>To ensure that no further deficiencies happen, and that the agency complies with the State of Hawaii Department of Health Title 11, Chapter 98-04(b), the Administrator or the Program Director will inspect the agency's performance every month to be sure that staff perform their duties adequately. They will also verify that the documentation is done on time and filed correctly. Note: Program Director will provide a Facility Calendar and a bi-weekly reminder during staff meetings for fire drills and disaster drills to be executed timely and documented properly so as to prevent future deficiencies.</p>	<p style="text-align: center;">8/8/24</p>

Licensee's/Administrator's Signature:

*Edward K. Mersburg*

Print Name:

Edward K Mersburg

Date:

8/8/2024

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