STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125064	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**12/26/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARENCE TC CHING VILLAS AT ST FRANCIS	**2230 LILIHA STREET HONOLULU, HI 96817**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A recertification LSC survey was conducted by DOH OHCA on 12/26/23. The facility was found not in compliance with Title 42 CFR, Chapter 4. The following citations were a result of this survey.	K 000		
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no	K 363		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 363	Continued From page 1 restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: K-363 Corridor-Doors This STANDARD is not met as evidenced by: Based on observation and interview with the facility manager, the facility failed to ensure that the corridor doors serving the following 14 rooms on the second floor were kept free and clear of obstructions to the resident rooms. The following rooms affected on the second floor were: 202-203,204-205,206-207,208-209, 210-211,212-213, 225-226. These observations of obstructed resident room doors are not in accordance with the 2012 edition of the NFPA 101 Life Safety Code, section 19.3.6.3.10. This deficient practice could affect all residents, staff, and visitors if smoke and fire was to move from these areas into the exit corridor. Findings include: An observation on 12/26/23 at approximately 10:30 am revealed that the resident room doors serving the following rooms on the second floor: 202-203,204-205,206-207,208-209, 210-211,212-213, 225-226, were obstructed by furniture and magnetic signs. In any emergency which necessitates imminent closing of the resident room doors would be delayed by the actions required by staff members to clear the furniture from the doorways, and the removal of the magnetic signs on the door frames before	K 363		

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K 363	Continued From page 2 such doors could be secured. This finding was verified at the exit conference with the maintenance director on 12/26/23 at 11:45am.	K 363		
K 914 SS=D	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: K-914 Electrical Systems-Maintenance and Testing This standard is not met as evidenced by: Based on record review and staff interview with the maintenance director, the facility failed to document the testing of bedside outlets of all resident rooms in accordance with NFPA 99,	K 914		

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K 914	Continued From page 3 Health Care Facilities Code, 2012 edition, and section 6.3.4.1.3. . This deficiency could affect residents, staff, and visitors of a possible electrical shock while equipment or other electrical appliances are plugged into bedside outlets. Findings include: During record review on 12/26/23 at approximately 09:15 am revealed that the annual testing of bedside electrical outlets were not conducted by the staff members. This finding was verified at the exit conference with the maintenance director on 12/26/23 at 11:45am.	K 914		