Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
			A. BUILDING							
		12G038	B. WING		06/26/2024					
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE						
THE ARC OF MAUI - HALE KANALOA 450-B KANALOA AVENUE										
040.45	CHIMMADV CT	KAHULUI,		DDOVIDED'S DI ANI OF CORDECTION	1 05					
(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 (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (X5)						
9 000	INITIAL COMMENTS		9 000							
	Office of Healthcare A 2024. The facility was									
	Sample: Two clients									
9 091	11-99-9(d)(2)(A) DIET	TETIC SERVICES	9 091							
	All food shall be procured, stored, prepared, distributed, and served under sanitary conditions. This Statute is not met as evidenced by: Based on observation, interview and policy review, the facility failed to store food under sanitary conditions. Cans of food stored in the pantry were found without expiration dates and one with an expired date. Findings include:									
	3:30 PM with the Honobservation in the food following: Four cans of pork with juices had cans. One can of chunda an expiration date stated that the items in donated to the home they were mixed in with that were purchased in asked the HM if there ensure food that is experience.	d pantry revealed the of beef stew and two cans d no expiration dates on the unky steak and potato soup e of 11/04/2022. The HM								

Office of Health Care Assurance

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

TITLE

07/16/24

Hawaii Dept. of Health, Office of Health Care Assurance

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		12G038	B. WING		06	/26/2024	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT				
THE ARC	OF MAUI - HALE KANAL	_OA	ANALOA AVENUE II, HI 96732	•			
(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) COMPLETE DATE	
9 091	back of the shelf and the front where they a expiration dates and The HM explained the home in November 2 organize and clean the of the expired items in The Food Safety Poli was reviewed. Page supplies. "First in-first the backDiscarded expiration date. Page safety: Staff need to differentiate between	trchased are placed on the the older food is moved to are routinely checked for removed if they are expired. The was assigned to the 1023, and he continues to the home. The HM placed all in a bag to discard. The HM placed all in a bag to discard. The HM placed all in a bag to discard. The HM placed all in a bag to discard. The HM placed all in a bag to discard. The HM placed all in a bag to discard. The HM placed all in a bag to discard.	9 091				

Office of Health Care Assurance
STATE FORM