

Hawaii State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 18-N	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/10/2025
NAME OF PROVIDER OR SUPPLIER MALUHIA			STREET ADDRESS, CITY, STATE, ZIP CODE 1027 HALA DRIVE , HONOLULU, Hawaii, 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
40000	Initial Comments CFR(s): 11-94.2-0 The Department of Health, Office of Health Care Assurance has accepted the federal Medicare recertification of this facility for state relicensing purposes. Refer to the federal Medicare recertification survey report to see citations and plans of correction. The facility was not in compliance with Hawaii Administrative Rules, Chapter 11.94.2 and was in compliance with 11-94.2-47 Adult day health services. Survey Census: 86 Sample Size: 27	40000		
40390	Application CFR(s): 11-94.2-7 (7) (7) All prospective applicants, licensees, operators, administrators, and direct resident access employees, and volunteers shall be screened for a history of abuse, neglect, or misappropriation of funds that includes but is not limited to fingerprint record checks through the Federal Bureau of Investigation and the Hawaii criminal justice data center, obtaining information from previous and current employers, and checking with the appropriate licensing boards and registries. [Eff] (Auth: HRS §§321-9, 321-11, 321-15.2) (Imp: HRS §§321-9, 321-11, 321-15.2) This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and staff interview, the facility did not provide annual employee background checks for three of three employees sampled, as required by Hawaii Administrative Rule Background Checks to ensure the health, safety and welfare of clients, patients and residents. During record review of employee background checks on 07/09/25 at 02:00 PM, the facility provided initial background checks, for five employees, including criminal history, fingerprint record check, public charge or public sex offender, Adult Protective	40390		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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40390	Continued from page 1 Services Central Registry, child abuse and neglect. The facility did not provide annual and/or biennial background checks. During staff interview on 07/10/25 at 08:40 AM, Administrator (Admin) said that the facility was not aware of all the requirements for annual and/or biennial background checks. Admin said they will review the annual and/or biennial requirements and make the necessary changes.	40390		