

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pacific Quest at Reeds Bay	CHAPTER 98
Address: 301 Kalaniana'ole Avenue, Kaneohe, Hawaii 96744	Inspection Date: August 28, 2025 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.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure: personnel.</u> (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.</p> <p><u>FINDINGS</u> Employee #1,2: No documented evidence of a current tuberculosis clearance.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes. The facility has corrected the deficiency by updating our TB policy to include all State of Hawaii Dept. of Health Forms. Effective 9/1/25 the following forms are used for all Staff and Residents as part of teh TB clearance/screening process: - TB Form F - State of Hawaii TB Clearance Form - TB Form G - State of Hawaii TB Risk Assesment - TB Form H - State of Hawaii TB Symptom Screen All current staff and resident files have been reviewed and any missing or incomplete TB documentation has been updated. Staff were notified of the revised policy and trained on the new requirements.</p>	9/10/2025

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p>FINDINGS Employee #1,2: No documented evidence of a current tuberculosis clearance.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To ensure ongoing compliance, the facility will conduct quarterly audits of staff and residents files to verify all three TB forms are complete and current. The TB screening process will remain part of the standard onboarding checklist for new resident admissions procedure. Additionally, policy updates and form requirements will be reviewed annually and during any future Department of Health guidance changes. The Chief Medical Officer will oversee implementation and documentation to ensure continued compliance with state regulations.</p>	9/10/2025

Licensee's/Administrator's Signature: 

Print Name: Christopher Kaiser

Date: 11/10/2025