

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION


Facility's Name: Aloha House	CHAPTER 98
Address: 4593 Ike Drive, Makawao, Hawaii 96768	Inspection Date: February 2, 2026 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>FINDINGS Tuberculosis branch forms not being used per current policy.</p>	<p style="text-align: center;">PART I</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 style="text-align: center;"><i>AS SOON AS WE WERE INFORMED AND GIVEN THE NEW FORM WE STARTED USING IT.</i></p>	<p style="text-align: center;"><i>5/12/26</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure; personnel.</u> (c) 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> Tuberculosis branch forms not being used per current policy.</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>1. TB BRANCH FORMS WILL BE USED ACCORDING TO THE LATEST POLICY.</p> <p>2. HR WILL BE OVERSEEING ALL OF THE EMPLOYEES TB TEST FORMS TO ENSURE THAT THEY MEET THE NEW POLICY.</p> <p>THE RN COORDINATOR WILL OVERSEE ALL OF THE CLIENTS TB TESTS TO ENSURE THAT THEY ALL MEET THE NEW POLICY.</p>	<p style="text-align: center;">Completion Date</p> <p style="text-align: center;">5/12/26</p>

Licensee's/Administrator's Signature: 

Print Name: RONALD NELSON

Date: 5/13/20