

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Ho'omau Ke Ola III</b>	<b>CHAPTER 98</b>
<b>Address: 84-742 Farrington Highway, Waianae, Hawaii 96792</b>	<b>Inspection Date: November 13, 2025 Annual</b>

**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. (e)</u>            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><b><u>FINDINGS</u></b>            Staff #1, #2, #3: No documented evidence of annual physical exam.</p>	<p style="text-align: center;"><b>PART I</b></p> <p style="text-align: center;"><b>DID YOU CORRECT THE DEFICIENCY?</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Some physical examination paperwork were not filed on time and other staff were informed to obtain annual physical exam immediately to become in compliance.</p> <p>Documentation has been placed in each staff members charts accordingly.</p>	<p style="text-align: center;">05/20/26</p>

	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><b><u>FINDINGS</u></b>  Staff #1, #2, #3: No documented evidence of annual physical exam.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Point of Contact for Annual Physical Exams will be Clinical Director until further notice.</p> <p>Expirations will be checked monthly.</p> <p>Documents will be turned in to Clinical Director and Clinical Director will document date and file in employee chart.</p>	<p>05/20/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure, services.</u> (2) Individual records shall be kept on each resident which contain the following:</p> <p>A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;</p> <p><b><u>FINDINGS</u></b> Staff #1, #2, #3: No documented evidence of annual tuberculosis clearance.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Staff was provided with the appropriate documentation from the TB Manual dated 05-07-2025 (Forms F, G, and H) and informed to obtain them from PCP or Department of Health Clinic immediately to become in compliance.</p>	<p style="text-align: center;">05/20/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (2) Individual records shall be kept on each resident which contain the following:</p> <p>A report of a tuberculin skin test. If the skin test is positive, or known to be positive, there shall be documentation that appropriate medical follow-up has been obtained;</p> <p><u>FINDINGS</u> Staff #1, #2, #3: No documented evidence of annual tuberculosis clearance.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Point of Contact for Annual Tuberculosis Clearance will be Clinical Director until further notice.</p> <p>Expirations will be checked monthly.</p> <p>Documents will be turned in to Clinical Director and Clinical Director will document date and file in employee chart.</p> <p>Documentation used is from the TB Manual dated 05-07-2025:</p> <p>For staff with a documented negative TB result, Forms G and H will be used a licensed provider (MD, APRN, or PA).</p> <p>For staff with a documented positive TB result, Form F will be used and signed by a licensed provider (MD, APRN, or PA).</p>	<p style="text-align: center;">05/20/26</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure: personnel.</u> (1)  The administrator shall see that at least one staff member on each shift possesses a current First Aid certificate and CPR training. Recertification of training shall be required by all staff at least every two years.</p> <p><b><u>FINDINGS</u></b>  Staff #1, #2, #3: Expired first aid and CPR certificate.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Staff was provided with First Aid / CPR material to be in compliance with requirements of trainings every 2 years.</p> <p>Document filed in HR charts accordingly.</p>	<p style="text-align: center;">03/19/2026</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-11 <u>Minimum standards for licensure; personnel.</u> (1) The administrator shall see that at least one staff member on each shift possesses a current First Aid certificate and CPR training. Recertification of training shall be required by all staff at least every two years.</p> <p><b><u>FINDINGS</u></b> Staff #1, #2, #3: Expired first aid and CPR certificate.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Point of Contact for First Aid and CPR Certification will be Clinical Director until further notice.</p> <p>Expirations will be checked monthly.</p> <p>Documents will be turned in to Clinical Director and Clinical Director will document date and file in employee chart.</p>	05/20/2026

*Josephine Nakashima.*  
*Josephine Nakashima*

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: Josephine Nakashima, Clinical Director

Date: 05/21/2026