

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Abbie's	CHAPTER 100.1
Address: 94-579 Apū Place, Waipahu, Hawaii 96797	Inspection Date: May 8, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS [redacted] Physician order [redacted] no special diet menu. Submit two (2) week menu to [redacted] Nutritionist, with your plan of correction (POC).</p>	<p>Submitted 2 weeks diet menu to [redacted] Nutritionist. I called after to ask her about it and [redacted] told me everything looks good. To prevent this to happen again, if I have doubts about my residents' menu, I will make sure to call the Nutritionist and follow what [redacted] will tell me to do.</p>	Sept. 29, 2015
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p>		

STATE OF HAWAII
HEALTH CARE LICENSING DIVISION

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	Rules (Criteria)	Plan of Correction	Completion Date
	<p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p>FINDINGS No names of participants in fire drill descriptions: • For look back period [REDACTED]</p>	<p>I will make sure that I will include all the names of the residents as well as family members involved in the fire drill.</p> <p>To prevent this to happen again, I will make a reminder for me in my Fire Drill Record and calendar</p>	<p>Sept. 29, 2015</p>

Licensee/Administrator's Signature: *Florecita I. Peralta*
 Print Name: FLORECITA I. PERALTA
 Date: SEPT. 29, 2015

STATE OF CALIFORNIA
FIRE INSPECTOR

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