


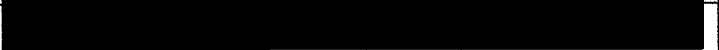


Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Care (DDDH)	CHAPTER 89
Address: 94-983 Lumihoahu Street, Waipahu, Hawaii 96797	Inspection Date: April 2, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 <u>Structural requirements for licensure.</u> (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.</p> <p>FINDINGS One lightbulb was out in each ceiling light fixture in Bedrooms #2 and #3.</p>	<p><i>FOR: Bedroom #2 and #3</i> <i>Check the light bulb each room if its not working properly. to avoid this happening again, put replacement right away.</i></p>	4-6-15
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(3) The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Each resident of the facility shall be certified annually by a physician that the resident is capable of self-preservation. A maximum of two residents not so certified may reside in the facility provided that a staff ratio of one-to-one is maintained,</p>		4-6-15

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>at all times, for each of these residents and there are no stairways which must be negotiated by such noncertified residents. As an alternative, the facility shall install an automatic sprinkler system, as defined in the national fire protection association's 101 life safety code.</p> <p>FINDINGS </p>	<p> <i>In the future, I have to make sure self preservation was updated before the admission.</i></p>	<p>4-6-15</p>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(2) Medications:</p> <p>Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS </p>	<p><i>I have to make sure that resident  medication should be labelled, locked and secured before being place in a refrigerator.</i></p>	<p>4-6-15</p>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p><i>I have to initial the medication sheet right away, so that I won't forget. (corrected onsite visit)</i></p>	<p>4-6-15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-89-18 <u>Records and reports.</u> (e)(1) General rules regarding records:</p> <p>All entries in the resident's records shall be written in blue or black ink, or typewritten, shall be legible, dated, and signed with full signature and title by the individual making the entry;</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p><i>I have to make sure that the right year entry on the Caregiver notes should be checked and corrected right away in order to avoid mistakes.</i></p> <p><i>(was corrected onsite visit)</i></p>	<p>4-6-15</p>

Licensee's/Administrator's Signature: [REDACTED]

Print Name: RAQUEL JULIAN

Date: 4-6-15



Office of Health Care Assurance


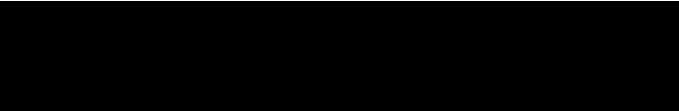
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<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (d)(3) The caregiver shall develop an emergency evacuation plan to ensure rapid evacuation of the facility in the event of fire or other life-threatening situations. The plan shall be posted and shall include a provision for evacuation drills as follows:</p> <p>Each resident of the facility shall be certified annually by a physician that the resident is capable of self-preservation. A maximum of two residents not so certified may reside in the facility provided that a staff ratio of one-to-one is maintained,</p>		<p>RECEIVED 15 JUL 20 AM 11 STATE OF HAWAII DEPT. OF HEALTH LICENSING</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>at all times, for each of these residents and there are no stairways which must be negotiated by such noncertified residents. As an alternative, the facility shall install an automatic sprinkler system, as defined in the national fire protection association's 101 life safety code.</p> <p>FINDINGS </p>	<p><i>check all the documents if updated, prior to client admission</i></p>	<p>7/20/15</p>
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(2) Medications:</p> <p>Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS </p>	<p><i>Before placing clients medication into the refrigerator, it should be placed in a labelled secured locked container, with the help of my substitute caregiver</i></p>	<p>7/20/15</p>
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Licensee's/Administrator's Signature: _____

Print Name: KARQUEL JULIAN

Date: 7/20/15