

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

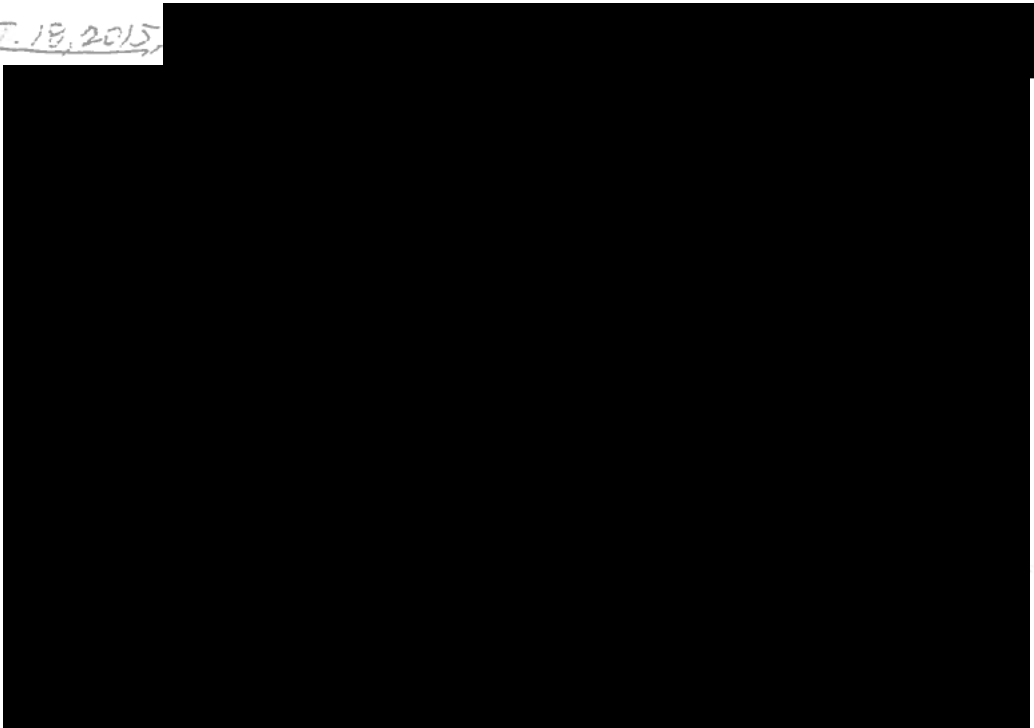
Facility's Name: Benita's	CHAPTER 100.1
Address: 1121-A Kahoa Street, Paukaa, Hawaii 96781	Inspection Date: September 16, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p>FINDINGS [REDACTED] Please submit a copy with your plan of correction (POC).</p>	<p>PLAN OF CORRECTIONS, I WROTE DOWN IN OTHER PAPER</p>	<p>9/29/2015 9/30/2015</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p>FINDINGS No thermometer in refrigerator.</p>	<p>PLAN OF CORRECTION; I WROTE DOWN IN OTHER PAPER</p>	<p>9/25/2015 9/30/2015</p>

STATE LICENSING SECTION
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SEPT. 30, 2015 BENITA'S PLAN OF CORRECTION

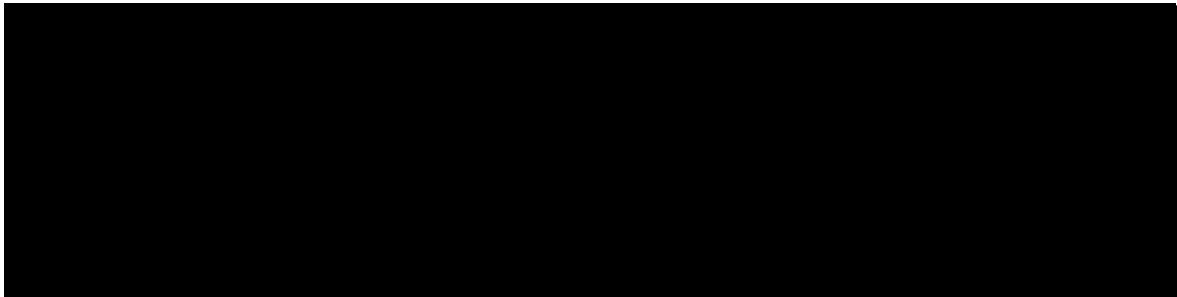
XI) SEPT. 18, 2015,



IN THE FUTURE, BEFORE NEXT YEAR, I'LL MAKE A LIST OF ALL MY SCG [REDACTED] YEARLY - DUE DATES OF THE FOLLOWING.

- 1) PHYSICAL
- 2) TB TEST
- 3) CPR & FIRST AIDE
- 4) GIVE THEM THE RIGHT FORMS.

XII)



IN THE FUTURE, ALWAYS HAVE THIS THERMOMETER EVERY DAY AND YEARLY TO MAINTAIN MY REFRIGERATOR AT 45^{TEMPERATURE} °F OR LOWER.

Benita Baruel
(CAREGIVER)

Licensee/Administrator's Signature: Benita Baruel

Print Name: BENITA BARUEL

Date: 9-30-2015

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STATE OF ARIZONA
HIGHWAY DEPARTMENT
15 OCT -2 P1:55