

Office of Health Care Assurance

State Licensing Section

RECEIVED

'15 FEB 12 P1:27

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
DOH-OHCA LICENSING

Facility's Name: C. Caraang (DDDH)	CHAPTER 89
Address: 94-1023 Lumipolu Street, Waipahu, Hawaii 96797	Inspection Date: January 29, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-12 Structural requirements for licensure. (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 Three locks were noted on the front exit doors; two locks were on the security screen door and one lock on the wooden door.</p>	<p>3 locks were noted on the front exit doors. Two locks were on the security screen door and one lock on the wooden door. The correction was made. One lock was removed on the security screen door so that the building is in compliance for licensure.</p>	<p>Jan. 30, 2015 2/17/15 At 10³⁰ am, to f Mrs. Caraang. Locks at exits will be limited to a total of 2. ✓</p>
<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (e)(1) Medications: All medicines shall be properly and clearly labeled. The storage shall be in a staff-controlled workcabinet/workcounter apart from either residents' bathrooms or bedrooms.</p> <p>FINDINGS</p>	<p>[Redacted] that all medications need to be stored in a locked storage and I must see to it that the medicine is not expired.</p>	<p>Jan. 29, 2015 at the time of visit. 2/17/15 At 10³⁰ am, to f Mrs. Caraang. She will check resident bedrooms for medications. Meds found were disposed of. ✓</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]		

Licensee's/Administrator's Signature:

[REDACTED]

Print Name: Cristina L. Canaang

Date: 2/8/15

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: C. Caraang (DDDH)	CHAPTER 89
Address: 94-1023 Lumipolu Street, Waipahu, Hawaii 96797	Inspection Date: March 13, 2015 Annual Life Safety

	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 The fire extinguishers were last inspected in January 2014. Evidence that a current inspection was completed was not available.</p>	<p>Fire extinguisher was serviced last January 2015. The service man made an error in punching the year on the card. We just noticed when the fire inspector came. In the future we need to ^{do} check double check. Correction was made and it was done on the same month in January 2015.</p>	<p>March 13, 2015 at 2 pm.</p>

Licensee's/Administrator's Signature: _____

Print Name: Crispina L. Caraang

Date: 4/6/15

RECEIVED
 APR -9 P1:30
 STATE OF HAWAII
 HEALTH CARE LICENSING