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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
DLH-OHCA LICENSING

Facility's Name: Fernando Care Home	CHAPTER 100.1
Address: 94-1351 Waipahu Street, Waipahu, Hawaii 96797	Inspection Date: October 28, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p>FINDINGS No cold/hot reading metal stem food thermometer.</p>	<p>11-100.1-14 Every care home should have hot + cold metal stem food thermometer, for proper cooking & handling foods in the care home. I enclose my receipt that I purchased it.</p>	11-30-15
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p>FINDINGS</p>	<p>[REDACTED]</p> <p>Next time I'll double check my MAR every day and initialed them every day each when medication is given to each resident in the home</p>	11-30-15

Licensee/Administrator's Signature: _____

Print Name: _____

Date: 11/30/2015