

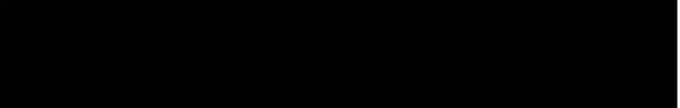
Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Nods	CHAPTER 100.1
Address: 689 Holua Drive, Kahului, Hawaii 96732	Inspection Date: April 7, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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 available in the resident refrigerator.</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p>FINDINGS [REDACTED]</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p>FINDINGS </p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p>FINDINGS </p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards. (d)</u> When the resident has experienced a significant change in mental or physical well-being, a prompt report shall be made and provided to the resident's physician or APRN, by the primary or substitute care giver. Any change in physician or APRN orders shall be promptly carried out.</p> <p>FINDINGS </p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]		
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Bedroom #2- vacuum cleaner in the resident room; however, vacuum cleaner is not listed on the inventory of personal belongings for Resident [REDACTED] who share Bedroom #2.</p>		

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____