

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Senior Living with Aloha, L.L.C.	CHAPTER 100.1
Address: 1419 A 16 <sup>th</sup> Avenue, Honolulu, Hawaii 96816	Inspection Date: May 6, 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> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b>FINDINGS</b> Photocopied certificate of first aid has no signature or registration number of the instructor: </p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	<p><b><u>FINDINGS</u></b>  Photocopied certificate for cardiopulmonary resuscitation has no signature or registration number of the instructor.  ████████████████████</p>		
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (d)  Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><b><u>FINDINGS</u></b>  ██████████</p> <ul style="list-style-type: none"> <li>• No special diet menu posted in kitchen or dining room.</li> </ul>		
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(2)(T)  Residents' rights and responsibilities:</p> <p>Each resident shall:</p> <p>Provide the primary care giver with a fourteen day notice when wishing to transfer to another facility;</p> <p><b><u>FINDINGS</u></b>  General Operating Policy and signed acknowledgement of Rights and Responsibilities in Resident #1 binder stated:</p> <ul style="list-style-type: none"> <li>• Current policy states "Resident to give not less than thirty (30) days' notice of transfer to primary care giver."</li> </ul>		
<input checked="" type="checkbox"/>	<p>§11-100.1-86 <u>Fire safety.</u> (a)(3)  A Type I expanded ARCH shall be in compliance with</p>		

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
	<p>existing fire safety standards for a Type I ARCH, as provided in section 11-100.1-23(b), and the following:</p> <p>Fire drills shall be conducted and documented at least monthly under varied conditions and times of day;</p> <p><b><u>FINDINGS</u></b>            Fire drills for entire period May 2014 to May 2015:</p> <ul style="list-style-type: none"> <li>• Participants not named in documentation.</li> </ul>		

Licensee/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_