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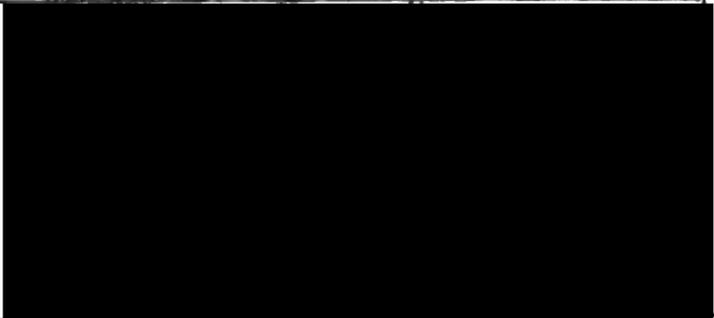
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Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Vicky's	CHAPTER 100.1
Address: 99-1002-D Puumakani Street, Aiea, Hawaii 96701	Inspection Date: August 27, 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 Metal stem thermometer reads only hot. Per rule, thermometer has to measure both hot and cold temperatures.</p>	<p>A metal stem thermometer that measures both hot and cold temperatures has been purchased. In the future I will know what to look for.</p>	8/28/2015
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS</p>		<p>8/28/2015</p> <p>next page</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS</p>	<p>In the future I will</p>	<p>9/19/2015</p>

In the future I will double check the admission check list to be sure that all the necessary forms are complete upon admission.

Licensee/Administrator's Signature: VEischen
Print Name: VICTORIA EISCHEN
Date: 9/19/2015

	Rules (Criteria)	Plan of Correction	Completion Date
	[REDACTED]	[REDACTED]	
<input checked="" type="checkbox"/>	<p>§11-100.1-19 <u>Resident accounts.</u> (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative.</p> <p>FINDINGS [REDACTED] no signed financial statement in resident record.</p>	<p>In the future I will strictly instruct my Care Givers not to remove any pages of any resident's chart.</p>	<p>2/28/2010</p>

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____