

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aloha Angel Care	CHAPTER 100.1
Address: 94-500 Apii Street, Waipahu, Hawaii 96797	Inspection Date: April 9, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p>FINDINGS Resident [redacted] was present however, name was not recorded on 3/2015 fire drill record.</p>	<p>To prevent any human error to occur in the future for the documentation of fire drill exercises, such as missing a resident's name, ^{no} we we will improve the process by having a second person double and triple check the documentation to ensure its accuracy, once the fire drill has been documented.</p>	<p>May 6, 2015</p>

Licensee's/Administrator's Signature:



Print Name: MILDRED BARSATAN

Date: 1/19/2016