

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E. F. Nicomedes	CHAPTER 100.1
Address: 1271 Kaeleku Street, Honolulu, Hawaii 96825	Inspection Date: February 25, 2016 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)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS Substitute care giver (SCG [redacted] and SCG [redacted] - No documentation of training by the primary care giver to make prescribed medication available to residents. Submit copies for each with the plan of correction.</p>		
<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</p>		

	Rules (Criteria)	Plan of Correction	Completion Date
	No metal stem thermometer to check cold food temperature.		

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____