

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: A Better Living	CHAPTER 100.1
Address: 83 Kilani Avenue, Wahiawa, Hawaii 96786	Inspection Date: November 3, 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 does not display both cold and hot temperatures.</p>	<p>Meat thermometer that has both "cold" & "hot" temp is now available & will always available @ all times.</p>	11/3/15
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (c) Separate compartments shall be provided for each resident's medication and they shall be segregated according to external or internal use.</p> <p>FINDINGS Resident #1 topical medications [REDACTED] stored with oral medications.</p>	<p>Topical meds had been segregated from oral meds. Another container was obtained for storing Topical meds only.</p>	11/3/15

Office of Health Care Assurance

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<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>FINDINGS No menu posted in kitchen.</p>	<p>A copy of the Menu is already posted in the kitchen area.</p> <p>Today I made a Calendar reminder to update the menu in the kitchen. The reminder is on Sunday</p>	<p>11/3/15</p> <p>11/20/16</p>

Licensee's/Administrator's Signature: *John Long*

Print Name: Mary Ann Mc Murray

Date: 5/25/15

Licensee's/Administrator's Signature: *John Long*

Print Name: Mary Ann Mc Murray

Date: 7/22/16

Licensee/Administrator's Signature: *John Long*

Print Name: Mary Ann Mc Murray

Date: 11/28/15