Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: All Hearts ARCH, L.L.C.	**CHAPTER 100.1** RECEIVED
Address: 5962 Kawaihau Road, Kapaa, Hawaii 96746	**Inspection Date: January 8, 2016 Annual** 16 APR 14

	Rules (Criteria)	Plan of Correction STATE	Completion Date
☒	§11-100.1-14 Food sanitation. (e) A metal stem thermometer shall be available for checking cold and hot food temperatures. **FINDINGS** Metal stem thermometer does not display both cold and hot temperatures.	[redacted] bought a new metal stem thermometer on 01/14/2016 and replaced the old stem thermometer on 01/14/2016. In the future to prevent this deficiency from happening again, worker to check stem thermometer daily and inform [redacted] immediately if stem thermometer does not display both cold and hot temperatures.	01/14/16
☒	§11-100.1-23 Physical environment. (o)(3)(B) Bedrooms: Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;	[redacted] check stem thermometer at least weekly. [redacted] bought plastic pillow protector on 01/14/2016 and placed pillow protector on the pillow cases on 01/14/2016. In the future, to prevent this deficiency from happening again, if a resident refused to have pillow protector on a pillow case, [redacted] document and write residents name on the pillow.	01/14/16

	FINDINGS Pillow cases missing plastic pillow protectors.		

Licensee's/Administrator's Signature: [redacted]

Print Name: [redacted]

Date: 4-11-16