

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

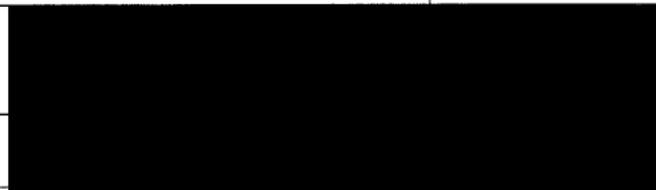
Facility's Name: Aloha Angel Care	CHAPTER 100.1
Address: 94-500 Apii Street, Waipahu, Hawaii 96797	Inspection Date: April 13, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness. (c)</u> The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p>FINDINGS All fire drills conducted between 6:45 pm and 7:30 pm. Times not varied from month to month.</p>	<p><i>Please see attached document.</i></p>	<p><i>see attached documents</i></p>

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____



5/4/2016

Statement of Deficiencies and Plan of Correction.

Chapter 11-100.1-12 Emergency Care of residents and disaster preparedness.

FINDINGS

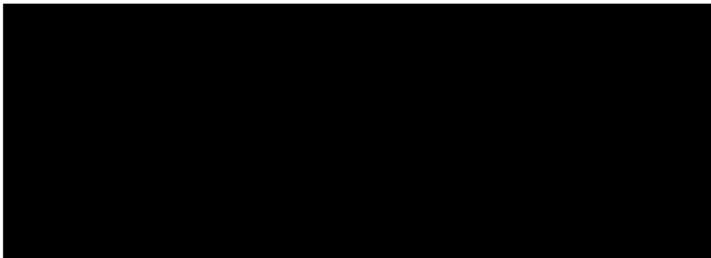
All fire drills conducted between 6:45 pm and 7:30 pm. Times not varied from month to month.

PLAN OF CORRECTION

In order to prevent this from happening in the future I will be using a 12-month calendar to schedule all quarterly fire drills. I also will utilize my smartphone calendar so that I can set reminders for myself of the scheduled drills. All fire drills will be scheduled ahead of time. In the calendar, I will specify the times for which the fire drills are scheduled and I will make sure that they will be done at different times of the day. Furthermore, I will notify all care givers and family members in advance of the scheduled fire drills so that they will all be aware of the dates and times. I will be sure to look at my calendar on a weekly basis.

COMPLETION DATE

May 30, 2016



5/4/2016.

OHIO DEPARTMENT OF HEALTH
DIVISION OF LICENSING

RECEIVED 5/4/16