

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Evelyn Valdez (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 91-1129 Kiwi Street, Ewa Beach, Hawaii 96706	Inspection Date: February 12, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Thermometer in resident's refrigerator not working. 20°F in refrigerator. After an hour on dining room table, thermometer registered 55°F.</p>	<p>I will replace the broken thermometer with a new thermometer. In the future I will do monthly check to ensure the thermometer is working taking it out of refrigerator for one hour to see if the thermometer will get up to room temperature and then return it in the refrigerator to see if the temperature goes down and ensure it maintains a temperature of 45°F or lower. In the future I will do monthly.</p>	6/8/15
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Unsecured:</p> <ul style="list-style-type: none"> Laundry detergent x two (2) bottles and fabric softener x one (1) bottle in laundry area on table. Drano and bleach in outside garden tool shed area. 	<p>I will properly store laundry detergent 2 bottles, fabric softener 1 bottle, drano & bleach in a secure storage. In the future, I will ensure storage toxic chemicals and cleaning agents in properly labeled and secure storage. I will also educate my substitute caregiver in properly labeling and securely storing toxic chemicals and cleaning agents apart from food supplies.</p>	6/8/15

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p>FINDINGS Expired tube of medicated ointment, in Bedroom #3 in resident's top dresser drawer.</p>	<p>I will discard expired tube of medication ointment. In the future I will check expiration dates and discard expired medication also in the future I will ensure medications are stored in properly and secured. I check weekly when I clean on the drawer.</p>	<p>6/8/11</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p>FINDINGS No primary care giver (PCG) admission assessment</p>	<p>I will ensure that there is a primary caregiver admission assessment. In the future I will maintain this record by creating an admission checklist of all documentation needed upon admission and use that checklist with all resident admissions.</p>	<p>6/8/11</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS Permanent general register had the Admission date entered under column for date of birth in permanent</p>	<p>I will correct the date of birth on the permanent registration and write proper note that I found the wrong date of birth on the permanent general record. In the future I will double check all permanent general register to ensure all data fields are correct.</p>	<p>6/8/11</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	general register. Same date entered for date of admission.		

Licensee/Administrator's Signature: _____

Print Name: _____

Date: _____



6/8/15