

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Flojo Quality Affordable Care Home	CHAPTER 100.1
Address: 1159 Kuokoa Street, Pearl City, Hawaii 96782	Inspection Date: February 5, 2015

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p>FINDINGS Resident #1- possession inventory list not maintained.</p>	<p>Residents inventory of all personal items were updated effective 2/6-2015 and will be updated yearly thereafter</p>	2/6-2015
		<p>Plan of Prevention: All Residents Possession Inventory list shall be updated when receiving new acquisition, discarding old items and quarterly</p>	8/15-2016 Review
<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 No metal stem thermometer for checking cold and hot foods.</p>	<p>A metal stem thermometer has been purchased and currently in used for checking cold and hot food temperatures</p>	2/6-2015

<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><u>FINDINGS</u> Bedroom #3 – three (3) commodes and two (2) walkers in bedroom closet; however items not used by residents.</p>	<p>Bedroom #3 = 3 commodes and 2 walkers in the vacant bedroom #3 closet were removed and disposed.</p> <p>Plan of Prevention: All vacant bedrooms shall be cleared of residents' belongings and not to be used for storage and other uses. The closet shall be kept empty. The bedroom shall be kept ready for new admission when needed. Vacant bedroom shall be checked monthly to ensure compliance.</p>	<p>2/6 - 2015</p> <p>8/15 - 2016</p>
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Licensee/Administrator's Signature: *Cecile B. Flojo*

Print Name: Cecile B. Flojo

Date: 6/5/2015

Licensee/Administrator's Signature: *Cecile B. Flojo*

Print Name: Cecile B. Flojo

Date: 8/15 - 2016