

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
 DEPARTMENT OF HEALTH
 LICENSING DIVISION

Facility's Name: Fujii Care Home at Maunawili	CHAPTER 100.1
Address: 1221 Lola Place, Kailua, Hawaii 96734	Inspection Date: September 18, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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 Menu was not posted in the dining area.</p>	<p>① menu to be posted on bulletin board in dining room</p> <p>② all staff (day & night shift) to check daily to make sure menu posted</p>	9/19/2015
<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>FINDINGS Mr. Clean multipurpose cleaner unsecured under the kitchen sink.</p>	<p>All chemical cleaner secured (locked) under the sink cabinet, and all staff to check at end of each shift.</p>	9/19/2015
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>. (a)(2) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or</p>		

<p>transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Recording of identifying information such as resident's name, social security number, racial extraction, marital status, date of birth, sex, and minister or religious denomination, and information about medical plan or coverage;</p> <p>FINDINGS Resident #1 – Emergency identifying information was not updated to reflect the current ARCH.</p>		
<p><input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment:</u> (g)(3)(A) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire escapes, stairways and other exit equipment shall be maintained operational and in good repair and free of obstruction;</p> <p>FINDINGS The door for the second exit, from the back of the ARCH,</p>	<p>② Will do monthly chart review for updates. ① All information (include emergency information) updated upon admission / re admission.</p> <p>① Activity items removed and stored, screen door checked & repaired for easy opening. ② utilize the screen door at the second exit for fire drills every other month to ensure accessibility ③ all staff (day and night shift) to check (daily) the door and report to operator (owner) if door requires repairs / maintenance.</p>	<p>9/9/2015</p> <p>10/1/2015</p>
<p>could not open fully for wheelchair passage due to stored toys. The screen door at the second exit, from the back of the ARCH, was stuck and did not open easily.</p>	<p>④ all staff (day and night) to check the screen door daily and report to operator (owner) if door sticks (make sure to repair ASAP)</p>	<p>11/1/2015</p>

Licensee/Administrator's Signature: Sam Fujii RD

Print Name: Sam Fujii RD

Date: 1-27-2016 2016

Licensee/Administrator's Signature: Sam Fujii RD

Print Name: Sam Fujii RD

Date: 3/15/2016