

RECEIVED

Office of Health Care Assurance

'16 JUL 25 PM 12:22

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
HEALTH CARE LICENSING

Facility's Name: Irene Della Adult Residential Care Home	CHAPTER 100.1
Address: 189 Maika Street, Wailuku, Hawaii 96793	Inspection Date: July 8, 2016 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> Refrigerator thermometer noted 50° F.</p>	<p>Check and maintain refrigerator temperature Each time upon opening check Thermometer is functioning and temperature setting is at 45° F or lower.</p>	<p>July 8, 2016</p>
		<p>check and maintain refrigerator temperature is at 45° F. The Thermometer, was replaced to a new one.</p>	<p>July 8, 2016</p>

<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 Cabinet for poisons under the kitchen sink was unlocked.</p>	<p>upon opening cabinet must secured lock after used at all times.</p>	<p>July 8, 2016</p>
	<p>All cleaning agents have been labeled and locked up and place under sink away from food supplies, bleaches and all other poisons. Chemical have been placed in lock. Educating household members, substitutes care given that the cabinet under the sink must lock at all times.</p>	<p>July 8, 2016</p>	
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident #1 – Progress notes did not include observations of [REDACTED]</p> <p>Resident referred to the [REDACTED]</p>		
		<p>must document observation of any changes in a resident condition and document immediately to progress note.</p>	<p>July 8, 2016</p>

Licensee's/Administrator's Signature: Inene Deka

Print Name: Inene Deka

Date: July

Licensee's/Administrator's Signature: Inene Deka

Print Name: Inene Deka

Date: 8-8-2014