

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ramos, Consolacion (ARCH)	CHAPTER 100.1
Address: 1742 Ala Aolani Place, Honolulu, Hawaii 96819	Inspection Date: June 23, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<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> Bleach <u>unsecured</u> in cabinet below the kitchen sink.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>I put a lock on the cabinet door below the kitchen sink to make sure it is safe for residents.</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>I will keep all Toxic Chemical, cleaning agents and other insecticides, it should be always properly labelled and installed properly and be always locked and be sure it is safe for residents.</p>	<p>9-9-16</p> <p>9-9-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p>FINDINGS Resident #1 – no schedule of activities. Please develop a schedule of activities with the resident and provide a copy with your plan of correction.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><i>Schedule of activities has been developed for res. #1. Copy enclosed.</i></p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>The schedule of activities is filed in the resident's records and is posted in the Bulletin Board. The plan care is reviewed and updated as needed.</i></p>	<p><i>6-26-15</i></p> <p><i>9-9-16</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident records <u>unsecured</u> in sitting room cabinet.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>The cabinet where the residents records will be kept in the locked cabinet at all times</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p>The residents records will be kept in the locked cabinet and will be taken out only when in use by me or other authorized personnel. The resident record will not be kept outside unsecured when not in use</p>	<p>9-9-16</p> <p>9-9-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(2) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Windows shall have screens having no less than sixteen meshes per inch.</p> <p>FINDINGS For exterior patio door, screen torn in two (2) areas, each tear about one (1) inch in length.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p>The screen door was change after the inspection</p> <p>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>All screen (door and windows) will be check every time and any screen will be change immediately</p>	<p>9-9-16</p> <p>9-9-16</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(4)(A) All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Lighting:</p> <p>Appropriate lighting fixtures adequate in number shall be provided for the comfort of residents and care givers;</p> <p><u>FINDINGS</u> Bedroom #1 – One (1) of two (2) ceiling light fixtures does not work. Light bulb replacement needed.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><i>Light bulb was replaced. I will be sure that rooms are sufficiently lighted</i></p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p> <p><i>I will check the light bulbs in the immediate bedroom regularly to make sure they are all in working condition. I will keep an ample supply of light bulb for immediate replacement when needed.</i></p>	<p></p> <p><i>6-25-16</i></p> <p><i>9-9-16</i></p>

Licensee's/Administrator's Signature: Consolacion P. Ramos

Print Name: CONSOLACION P. RAMOS

Date: 4-9-16

STATE
MAY 11 2016

APR 11 2016

RECEIVED

Licensee's/Administrator's Signature: Consolacion P. Ramos

Print Name: CONSOLACION P. RAMOS

Date: 9-9-16