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State Licensing Section

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
STATE LICENSING SECTION

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> The Plaza at Pearl City	<b>CHAPTER 90</b>
<b>Address:</b> 1048 Kuala Street, Pearl City, Hawaii 96782	<b>Inspection Date:</b> September 13 & 14, 2016 Biennial

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-3 <u>Licensing</u> (o)(10)(D)  Applications for licensure shall be made to the department on a form provided by the department and shall include full and complete information as follows:</p> <p>Evidence that the premises comply with state and county building, housing, fire, and other codes, ordinances, and laws for the type of occupancy to be licensed. Compliance shall include but not be limited to the following:</p> <p>Applicable state laws and administrative rules relating to sanitation, health, and environmental safety.</p> <p><b><u>FINDINGS</u></b>  Refrigerator ambient temperature for medications is at 45° F.</p>	<p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The Plaza at Pearl City removed the existing medication refrigerators in the 2<sup>nd</sup> and 3<sup>rd</sup> floor Medication Rooms. These were replaced with new refrigerators that achieve a temperature of 41 degrees or less.</p>	September 15, 2016

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
	<p><b>RULE # §11-90-3 (o)(10)(D)</b></p>	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>A thermometer was installed in each medication refrigerator. The temperature is checked and recorded via log, at the beginning of the day and evening shifts by a Charge Nurse. (see attached log).</p>	<p>September 15, 2016</p>

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-90-5 <u>Emergency care and disaster planning.</u> (a)(4)            There shall be written policies and procedures to follow in an emergency which shall include provisions for the following:</p> <p>Quarterly rehearsal of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.</p> <p><b><u>FINDINGS</u></b>            No evidence of fire drills conducted for 3<sup>rd</sup> and 4<sup>th</sup> quarter of 2015.</p>	<p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The Plaza at Pearl City will keep documented evidence of all completed quarterly fire drills (which includes all 3 shifts, to cover day, evening and night shift staff- at least once per year), via outlook calendar and hard copy fire drill roster.</p>	September 19, 2016

Rules (Criteria)	Plan of Correction	Completion Date
<p>RULE # §11-90-5 (a)(4)</p>	<p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>To ensure required compliance, all scheduled quarterly fire drills are inputted into the Plaza at Pearl City Outlook Calendar which serves as proof and validation of date and time that the fire drill was held. A hard copy of the fire drill roster (see attached roster), detailing the fire drill event date and all those in attendance is also kept in a binder, and held by the Maintenance Director.</p>	<p>September 19, 2016</p>

Licensee's/Administrator's Signature:   
Print Name: Jennifer Green  
Date: 10/3/14