

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

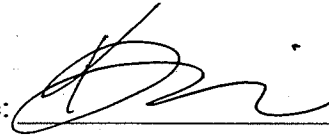
<b>Facility's Name:</b> Palolo Chinese Home	<b>CHAPTER 100.1</b>
<b>Address:</b> 2459 10 <sup>th</sup> Avenue, Honolulu, Hawaii 96816	<b>Inspection Date: March 1&amp;2, 2017 Annual</b>

**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>§11-100.1-23 <u>Physical environment.</u> (h)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><u>FINDINGS</u>  Bedroom #10- one portable closet is unsteady &amp; a potential hazard of falling on a resident.</p>	<p style="text-align: center;"><b>PART 1</b>  <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>All portable closets were physically secured by L-brackets to the wall. Staff ensured stability of all portable closets.</p>	<p>3/24/17</p> <p style="text-align: right;">M 14</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<b>RULE # §11-100.1-23 (h)</b>	<p style="text-align: center;"><b>PART 2</b> <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>Staff to monitor and ensure to report any safety hazards such as unstable furniture.</p> <p>Staff to monitor and ensure current old closets are fully secured to the wall.</p> <p>Residents to receive newer closets upon transfer of ARCH II Exp to Lani Booth Hall building. The newer closets will be very stable due to sturdier, solid wood construction. The older closets made of particle board will be discarded.</p>	<p>3/24/17</p> <p>3/24/17</p> <p>pending DOH approval to transfer</p> <p style="text-align: right; vertical-align: bottom;">M1/4</p>

Licensee's/Administrator's Signature:



Print Name:

KEVIN WU

Date:

3/27/17