

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Galario ARCH	CHAPTER 100.1
Address: 94-1440 Hiapo Street, Waipahu, Hawaii 96797	Inspection Date: September 16, 2016 Annual

**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>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><u>FINDINGS</u> No metal stem thermometer starting at 0°F to check hot and cold foods.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Effective 9/16/2016 I immediately went to the store and purchased the correct metal stem thermometer to check hot and cold foods.</p>	<p>09/16/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	11-100.1-14(e)	<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>Moving forward, I will check on a monthly basis that I have the proper equipment needed to check for cold and hot food temperatures. I will also make sure to keep this equipment in the same location so it will never be missed.</p>	Monthly

Licensee's/Administrator's Signature: Violeta Galario

Print Name: Violeta Galario

Date: 10/6/2016