

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: All Hearts ARCH, L.L.C.	CHAPTER 100.1	RECEIVED
Address: 5962 Kawaihau Road, Kapaa, Hawaii 96746	Inspection Date: January 8, 2016 Annual	16 APR 14 17

	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>FINDINGS Metal stem thermometer does not display both cold and hot temperatures.</p>	<p>P.C.G. bought a new metal stem thermometer on 01/14/2016 and replaced the old stem thermometer on 01/14/2016. In the future to prevent this deficiency from happening again, worker to check stem thermometer daily and inform P.C.G. immediately if stem thermometer does not display both cold and hot temperatures.</p>	01/14/16
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p>	<p>P.C.G. to check stem thermometer at least weekly.</p> <p>P.C.G. both plastic pillow protector on 01/14/2016 and placed pillow protector on the pillow cases on 01/14/2016. In the future, to prevent this deficiency from happening again, if a resident refused to have pillow protector on a pillow case, P.C.G. to document and write residents name on the pillow.</p>	01/14/16

	<u>FINDINGS</u> Pillow cases missing plastic pillow protectors.		
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Licensee's/Administrator's Signature: *Lalaine Rabano*

Print Name: LA LAINÉ RABANO

Date: 4-11-14