

Office of Health Care Assurance

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State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII
DEPARTMENT OF HEALTH

Facility's Name: E. F. Nicomedes	CHAPTER 100.1
Address: 1271 Kaeleku Street, Honolulu, Hawaii 96825	Inspection Date: February 25, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p>FINDINGS Substitute care giver (SCG) #1 and SCG #2 - No documentation of training by the primary care giver to make prescribed medication available to residents. Submit copies for each with the plan of correction.</p>	<p>I trained my SCG #1 and SCG #2 to make medication available to residents and the training will be documented. For the new substitute care giver, I will train and make a check list once a year for P.E, TB CPR, diet menus, meds etc.</p>	3/21/16
<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</p>	<p>I bought the stem thermometer for hot & cold, I will keep it in the drawer and check</p>	3/21/16

	Rules (Criteria)	Plan of Correction	Completion Date
	No metal stem thermometer to check cold food temperature.	every month	3/21/16

Licensee's/Administrator's Signature: Edna F. Nicomedes

Print Name: Edna F. Nicomedes

Date: 3/21/16