

Office of Health Care Assurance

State Licensing Section

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATE OF HAWAII  
DEPARTMENT OF HEALTH LICENSING

Facility's Name: Khrist Emmanuel	CHAPTER 100.1
Address: 94-1178 Hina Street, Waipahu, Hawaii 96797	Inspection Date: March 3, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><b>FINDINGS</b> Records unsecured in a metal file cabinet; however, no key.</p>	<p>- The key of the existing metal file cabinet where resident's records are stored was found after the inspection. The metal file cabinet key are now stored in a safe place + also trained the staff to locked + secured every time after used for the residents resident + privacy.</p>	03-03-16
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (f) Any person regularly utilizing the portions of the home designated for residents including but not limited to day care residents, relatives, and visitors shall be considered as residents for purposes of calculating the space requirements of section 11-100.1-23(1)(2) and section 11-100.1-23(m)(3).</p> <p><b>FINDINGS</b> Bedroom #1, licensed for resident use. However, Substitute</p>	<p>- In the future, the department will be notified before any room designated for residents will be used by any family member. I am requesting the Bedroom #1 will be used for care giver #2 and my license will be reduced from 5 residents to 4 residents only.</p>	03-03-16

	Rules (Criteria)	Plan of Correction	Completion
	Care Giver (SCG) #2 has been sleeping in this bedroom since December 2015. <b>Please submit a written request to amend your license as follows:</b> <ol style="list-style-type: none"> <li>1. Remove Bedroom #1.</li> <li>2. Reduce resident capacity to four (4) residents.</li> </ol>		

Licensee's/Administrator's Signature: Anita C. Peralta

Print Name: ANITA C. PERALTA

Date: July 21, 2016