

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Island Promise Adult Residential Care Home	<b>CHAPTER 100.1</b>
<b>Address:</b> 1336 Uila Street, Honolulu, Hawaii 96818	<b>Inspection Date: October 26, 2016 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.**

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b><u>FINDINGS</u></b> Household Members #1, #3, #4 No documentation of initial positive PPD.</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 style="text-align: center;">11/2/2016</p> <p style="text-align: center;">see attached</p>

*Antonia Felipe*  
3/2/17

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (b)	<p style="text-align: center;"> <b>PART 2</b>  <b><u>FUTURE PLAN</u></b>   <b>USE THIS SPACE TO EXPLAIN YOUR            FUTURE PLAN: WHAT WILL YOU DO TO            ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b> </p>	<p style="text-align: center;">           11/2/2016   <i>See attached</i> </p>

*Antia Felipe*  
 3/2/17

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Liquid laundry detergent, liquid fabric softener unsecured in resident accessible laundry area.</p>	<p><b>PART 1</b> <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>10/26/16</p> <p>See attached</p>

*Anto Felipe*  
3/2/17

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<b>RULE # §11-100.1-14 (f)</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 style="text-align: right;"><i>10/26/16</i></p> <p style="text-align: right;"><i>See attached</i></p> <p style="text-align: right;">NO: 41</p>

*Arto Felipe*  
*3/7/17*

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(B) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>There shall be a clear and unobstructed access to a safe area of refuge;</p> <p><b><u>FINDINGS</u></b> Locked padlock on gate between path to the area of refuge.</p>	<p><b>PART 1</b> <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>10/26/16</p> <p>See attached</p> <p style="text-align: right;">NOV 4 10:41</p>

*Arista Felby*  
11/17

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23 (g)(3)(B)	<b>PART 2</b> <u><b>FUTURE PLAN</b></u>  <b>USE THIS SPACE TO EXPLAIN YOUR  FUTURE PLAN: WHAT WILL YOU DO TO  ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b>	10/26/16  <i>See attached</i>  <small>Division of Correction</small> <small>110:41</small>

*Anita Felipe*  
3/2/17

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (i)(3)(B)  All construction or alterations shall comply with current county building, land use and fire codes and ordinances in the state. The Type I ARCH licensed for wheelchair residents shall be accessible to and functional for the residents at the time of licensure.</p> <p>Doors:</p> <p>When multiple locking devices are used on exits, a maximum of two locking mechanisms for egress shall be allowed;</p> <p><b><u>FINDINGS</u></b>  Fire exit #2 three operative locks.</p>	<p style="text-align: center;"><b>PART 1</b>  <b><u>DID YOU CORRECT THE DEFICIENCY?</u></b>  <b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	<p style="text-align: right;">10/26/16</p> <p style="text-align: right;"><i>See attached</i></p> <p style="text-align: right;">NO:41</p>

*Anto Felge*  
3/7/17



	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23 (i)(3)(B)	<p><b>PART 2</b>  <b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR  FUTURE PLAN: WHAT WILL YOU DO TO  ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	<p>10/26/16</p> <p><i>See attached</i></p> <p style="text-align: center;">110:42</p>

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3/2/17

	Rules (Criteria)	Plan of Correction	Completion Date
<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><b><u>FINDINGS</u></b> Resident #1 no plastic pillow protector or permanent marking to indicate ownership.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><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 style="text-align: center;">10/26/16</p> <p style="text-align: center;">See attached</p> <p style="text-align: center;">NO. 42</p>

*Ante Felipe*  
3/2/17

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23 (o)(3)(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 style="text-align: center;">           10/26/16         </p> <p style="text-align: center;"> <i>See attached</i> </p> <p style="text-align: center;"> <small>10/26/16</small> </p>

*Ante Felipe*  
 3/2/17

Board of Education

10/42

Licensee's/Administrator's Signature: Anita A. Felipe  
Print Name: Anita A - Felipe  
Date: 3/5/2017