

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Senior Living with Aloha, L.L.C.	CHAPTER 100.1
Address: 1419A 16 th Avenue, Honolulu, Hawaii 96816	Inspection Date: March 16, 2018 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements</u>, (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u></p> <p>Employee #1 certification card is for CPR and AED only. No current first aid certification on record.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u> YES</p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Employee #1 went to the First Aid class conducted by American Red Cross and completed the training on 3/16/2018. Please see the attached Certificate of Completion.</p>	<p>3/19/2018</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><u>FINDINGS</u></p> <p>Employee #1 certification card is for CPR and AED only. No current first aid certification on record.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>have developed and</i> We are maintaining a "Tickler Spreadsheet" with information of all employees' CPR/First Aid expiration dates among other items of annual renewals.</p> <p>Two people in the management area of the care home will <i>regularly</i> review this "Tickler Spreadsheet" to ensure that all personnel, staffing and family requirements are completed <u>on time</u>.</p>	<p>3/19/2018</p>

Licensee's/Administrator's Signature: Jan Rumi

Print Name: JAN RUMI

Date: 3/19/2018

Certificate of Completion

Dessle D. Ganda
has completed requirements for
First Aid

conducted by
American Red Cross

Date completed: **03/16/2018**
Validity Period: **2 Years**

Certificate ID: **GVTTC**



American
Red Cross



Scan code or visit:
redcross.org/confirm