

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E Ho'oulu Hou Program Elua Facility	CHAPTER 98
Address: 2848 Park Street, Honolulu, Hawaii 96817	Inspection Date: January 28, 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.

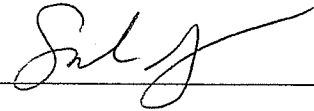
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Bedroom #4, paint and plaster peeling off walls.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>A workorder request has been submitted to maintenance; two estimates to paint the upstairs of the house are being sought.</i></p>	<p><i>Target date for painting & plaster repair completion</i></p> <p><i>6/15/18</i></p>

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<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Bedroom #4, paint and plaster peeling off walls.</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>(A workorder request was submitted to maintenance; two estimates to paint and repair plaster are being sought. Then the repairs will be made</p> <p>Each month a Facilities Inspection Safety Checklist (FISC) is completed along with a Risk Management - Inspection form (see attached). When repairs are needed the supervisor completes a work order form. All forms are submitted to the Program Director.</p>	<p>Target date for painting & plaster repair 6/15/18.</p> <p>ongoing each month.</p>

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<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Bleach unsecured under kitchen sink, first floor Kitchen.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Yes, the bleach was returned to its secured storage space</i></p>	<p style="text-align: center;"><i>1/28/2018</i></p>

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<input checked="" type="checkbox"/>	<p>§11-98-14 <u>Physical facility.</u> (c) Maintenance. Facilities shall be maintained in accordance with provisions of state and county zoning, building, fire, safety and health codes in the State.</p> <p><u>FINDINGS</u> Bleach unsecured under kitchen sink, first floor Kitchen.</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>One staff person each shift is designated on the schedule to be in charge/responsible for getting out the bleach, measuring the proper amount for the dishes, bleach rinse, and returning the bleach to the locked storage. Supervisors do spot checks to assure procedures are being followed.</p>	<p style="text-align: center;">1/31/18</p>

Licensee's/Administrator's Signature: _____



Print Name: _____

Sarah Rogers, LCSW

Date: _____

4/12/18