

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Andaya's	CHAPTER 100.1
Address: 94-029 Poailani Circle, Waipahu, Hawaii 96797	Inspection Date: September 13, 2016 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.

'17 AER -7 P2:

STATE LICENSING SECTION

	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><u>FINDINGS</u> Substitute care giver #1 - No training by the primary care giver (PCG) to make prescribed medication available to residents.</p> <p>17 APR -7 P2:14</p>	<p>Part 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Caregiver #1 quits last September 25, 2016.</p>	<p>4/7/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (e)(4)	<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 style="text-align: center;"><i>In the future, I'll make sure the substitute caregiver applicant can manage and accomodate himself/herself to learn and be trained to administer medication available to residents and also to document it properly on the MAR for the welfare of the residents.</i></p>	<p style="text-align: right;"><i>4/14/17</i></p>

STATE OF MARYLAND

APR -7 12:1

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-9 (e)(4)	<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 style="text-align: center;"><i>Caregiver refused to be trained, therefore he's not gonna get hired. I will not identify him as a substitute caregiver.</i></p>	<p style="text-align: right;"><i>5/18/18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> No substitution list. On day of inspection, grilled cheese sandwich and Tang juice served for lunch. There was no ham, fruit or vegetables as noted on menu.</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>I have a substitution list and I'm using it.</i></p>	<p style="text-align: right;"><i>5/18/18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-13 (b)</p> <p>STATE OF MARYLAND DEPARTMENT OF HEALTH 17 ABR -7 P2:14</p>	<p>Part 1</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, I have to have everything available for my weekly menus so I would n't run out of food supply; also I'll write on the Menu Substitution Record immediately in order not to forget or misplaced.</i></p>	<p><i>4/16/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS: Resident #1 – “Levothyroxine 100 mcg i am” ordered 7/18/16; the medication record reflected “75” mg.” The current label reflected “75 mcg.”</p>	<p style="text-align: center;">Part 1</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>I called the provider and confirmed Levothyroxine dosage, according to the provider it is 75 mcg. I corrected the residents #1 MAR and record it 75 mcg. therefore, I corrected resident #1 MAR and record it 75 mcg from 4/1/16 to October 23, 2016. However, presently the doctor increased the dosage to 100 mcg.</i></p>	<p style="text-align: right;"><i>4/4/17</i></p>

STATE OF CONNECTICUT

APR -7 2:14

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-15 (e)</p> <p><u>FINDINGS:</u> Resident #1 – “Levothyroxine 100 mcg i am” ordered 7/18/16; the medication record reflected “75” mg.” The current label reflected “75 mcg.”</p>	<p align="center">Part 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p align="center"><i>When I get the order I'll check the label, if not the same I will call the doctor to clarify the medication order. Medication label and medication record must have all the same information.</i></p>	<p align="right"><i>5/18/18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS:</u> Resident #1 – Medication record noted that “Levothyroxine” is taken at 5 p.m.; the label instructions noted “Take on an empty stomach.” Dinner is served at 5 p.m.</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>It's been already corrected by administering Levothyroxine 45mcg before breakfast on an empty stomach around 7:00 AM. also documented on the MAR</i></p>	<p style="text-align: right;"><i>4/17/17</i></p>

STATE OF HAWAII
HONOLULU

17 APR -7 P2:14

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-15 (e)</p> <p><u>FINDINGS:</u> Resident #1 – Medication record noted that “Levothyroxine” is taken at 5 p.m.; the label instructions noted “Take on an empty stomach.” Dinner is served at 5 p.m.</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 style="text-align: center;"><i>In the future, I will use magnifying glass to read the fine print on all the medication labels. It needs to be taken on empty stomach, give it before breakfast and document on the MAR the time the medication is taken. one hour before breakfast.</i></p>	<i>5/18/18</i>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS: Resident #1 – “Senexon S tab 2 tabs po BID” ordered 8/26/16; label reflected “as needed.” Medication record reflected medication taken twice a day.</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>Resident #1 wants to take Senexon S Tabs BID apparently, it's my mistake. I called the provider last month 3/14/2017 to changed Senexon Tabs 2x daily not PRN so he approved it but I have to mail the provider a copy of resident's MAR.</i></p>	<p style="text-align: right;"><i>4/7/17</i></p>

STATE OF HAWAII
NURSING LICENSING

17 APR -7 P2:14

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS:</u> Resident #1 – “Senexon S tab 2 tabs po BID” ordered 8/26/16; label reflected “as needed.” Medication record reflected medication taken twice a day.</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>I didn't correct the deficiency. The label was not corrected.</i></p>	<p style="text-align: right;"><i>5/18/18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-15 (e)</p> <p><u>FINDINGS:</u> Resident #1 – “Senexon S tab 2 tabs po BID” ordered 8/26/16; label reflected “as needed.” Medication record reflected medication taken twice a day.</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 style="text-align: center;"><i>In the future, when I get the medication order, I'll check medication label and compare, if label don't match then I will call the physician and clarify the order. Take the medication to the doctor and have it label.</i></p>	<p>5/18/18</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS:</u> Resident #1 – “Tylenol 650 mg po every 8 h prn pain” ordered 12/8/15 was not recorded on the medication record.</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>After the inspection I added tylenol to the MAR.</i></p>	<p><i>5/18/18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-15 (e)</p> <p><u>FINDINGS:</u> Resident #1 – “Tylenol 650 mg po every 8 h prn pain” ordered 12/8/15 was not recorded on the medication record.</p>	<p align="center">Part 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p align="center"><i>In the future, when I receive medication order I will put on the MAR to prevent from forgetting it.</i></p>	<p align="right"><i>5/18/18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident #1 – No two-step tuberculosis (TB) clearance. The second TB skin test was placed on 12/8/15 but was not read. Submit copy of a second TB skin test.</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>On 9/19/16 I took Resident #1 to have a PPD. He went back to have it read on 9/26/16 and completed on 9/28/16 for his 2nd step PPD. Enclosed is his TB skin Test Clearance.</i></p>	<p style="text-align: right;"><i>4/7/17</i></p>

17 ABR-7 P2:15

	Rules (Criteria)	Plan of Correction	Completion Date
☒	RULE # §11-100.1-17(a)(4)	<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 style="text-align: center;"><i>In the future, I have to check the dates and the results of 1st step and second step TB clearance. before filing in the folder make sure all dates are documented.</i></p>	<p style="text-align: right;"><i>5/18/18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1 - No physician order for dressing changes to right arm three (3) times a week (reported by PCG).</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>No physician orders for dressing changes to right arm 3x a week because it was verbal communication only. I should have ask the doctor to write it. So I'm not able to correct it anymore.</i></p>	<p style="text-align: right;"><i>4/7/17</i></p>

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
17 APR -7 P2:15

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17(a)(6)	<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 style="text-align: center;"><i>In the future, I'll ask the doctor what shall I do and how to take care of the resident's wound. In other words, I'll ask the doctor signed orders for wound treatment of a resident to improve general health & speed healing. otherwise I'll not admit the client.</i></p>	<p style="text-align: right;"><i>4/7/17</i></p>

STATE OF MARYLAND
 DEPARTMENT OF HEALTH & GENERAL SERVICES
 17 APR -7 P2:15

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p>FINDINGS Resident #1 – No progress notes of resident's wound to the right elbow at the time of admission (12/8/15) and status of wound during dressing changes. On 2/9/16 physician noted "wounds all healed."</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>There's no progress note of resident's wound to the right elbow because I forgot to document it. However, currently I made an entry added in the progress note about resident's wounds and status of wounds at the time of admission on 12/8/15.</i></p>	<p style="text-align: right;"><i>4/7/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-17(b)(3)</p> <p style="text-align: right;">STATE OF MARYLAND M-H-GRAND JURIS 17 APR -7 P2:15</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 style="text-align: center;"><i>In the future, I'll be really careful to document everything that I observe especially if a resident has a wound or injury which includes the date & time.</i></p>	<p style="text-align: right;"><i>4/7/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – No documentation of dressing changes by PCG three (3) times a week.</p> <p style="text-align: right;">STATE OF HAWAII M. HERRON LITTON 17 APR -7 P2:15</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>I didn't document wound dressing changes 3X a week because I forgot it. Also it's impossible to correct the deficiency at this time.</i></p>	<p style="text-align: right;"><i>4/2/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-17(b)(4)	<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 style="text-align: center;"> <i>In the future, I will document the dressing changes 3X a week in the progress notes. I will document if the wound is getting better and not getting worse</i> <i>I will document the dressing changes 3X a week on the MAR</i> </p>	<p style="text-align: right;">5/18/18</p>

	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>FINDINGS Exit on the right of the ARCH was obstructed by patio furniture and a large bag of orchid bark.</p> <p style="text-align: right;">STATE OF HAWAII HIGH-CHCA LICENSE 17 APR -7 P2:15</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>A large bag of orchid bark was moved immediately the following day on 9/14/16, also the patio furniture was moved closer to the fence.</i></p>	<p style="text-align: right;"><i>4/7/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23(g)(3)(B) STATE OF HAWAII HEALTH LICENSING	Part 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>In the future, I'll not put anything that will obstruct or block the entrance or exit of the facility. I will also maintain by checking regularly every other day.</i>	 <i>4/7/17</i>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(1)(D) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>Housekeeping:</p> <p>All walls, ceilings, windows and fixtures shall be kept clean; and toilets and lavatories shall be cleaned and deodorized daily.</p> <p>FINDINGS Dark cobwebs in upper corners of bedrooms, along ceiling in hallway and living room.</p> <p style="text-align: right;">STATE OF HAWAII HDLH-CHCA LICENSE # 17 APR -7 P2:15</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>It's been corrected by cleaning the ceiling by the swifter to get rid of the cobwebs, ceiling in hallway and living room. Currently, I am cleaning the ceiling every 2 weeks.</i></p>	<p style="text-align: right;"><i>4/17/14</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-23(h)(1)(D)</p> <p style="text-align: right;">STATE OF HAWAII DOSH-CHCA LICENSING 17 APR -7 P2:15</p>	<p>Part 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, I will regularly maintain to clean the ceiling 2x a week to ensure residents health.</i></p>	<p><i>4/7/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p>FINDINGS Kitchen receptacle did not have a tight-fitting cover (no cover).</p> <p style="text-align: right;">STATE OF HAWAII DOSH-CHCA LICENSE 17 APR -7 P2:15</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>I already bought a tight fitting garbage can with a cover. I already replaced the old one.</i></p>	<p style="text-align: right;"><i>4/7/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-23(j)(1)</p> <p>STATE OF HAWAII DHH-OHCA LICENSING</p> <p>'17 APR -7 P2:15</p>	<p>Part 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, I ^{will} have to have a tight fitting receptacle with a cover so there will be no bugs getting in for the ensure residents health & clean environment.</i></p>	<p>4/7/17</p>

	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><u>FINDINGS</u> All pillows did not have pliable plastic pillow protectors.</p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH 17 FEB -7 P2:15</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>I made a mistake, I bought a cloth pillow protector, but not plastic because Walmart didn't have it at that time. Presently, I'm using plastic pillow protector and throw away the cloth pillow protector last 9/26/16</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-23(o)(3)(B)</p> <p>STATE OF NEW YORK DEPARTMENT OF HEALTH 17 APR -7 P2:15</p>	<p>Part 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, I will buy only plastic Pillow protector, label it and if the residents moves out I will throw away the pillows or the resident can have it at time of discharge.</i></p>	<p>4/9/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (e) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> Beeping smoke detector in Bedroom #1. Resident stated has been beeping for a month.</p> <p style="text-align: right;">STATE OF HAWAII NURSING LICENSING 17 APR -7 P2:16</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>I changed the battery on Sept. 30, 2016 and it stopped beeping and retested it on</i></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>RULE # §11-100.1-23(e)</p> <p>STATE OF HAWAII DUIH-CHCA LICENSES 17 APR -7 P2:16</p>	<p>Part 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In the future, whenever smoke alarm beeps first, I'll test the smoke alarm with a tester and if it fails then #2 I will dust it off, if it fails then I will change the battery, if it still fails I will call the electrician or buy a new smoke alarm.</i></p>	<p>4/7/17</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(H) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire extinguishers shall be installed in accordance with NFPA 101 Life Safety Code and have a minimum fire extinguisher classification rating as required by the county fire code;</p> <p>FINDINGS At the time of the Life Safety inspection on August 4, 2016, the fire extinguishers did not have an annual inspection.</p> <p>At the time of the annual inspection, there was an invoice for the fire extinguisher inspection dated August 10, 2016.</p> <p style="text-align: right;">STATE OF HAWAII DOSH-OSHA LICENSE 17 APR -7 P2:16</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>Oahu Fire Protection came on August 2016 and purchased 8/2016 Preliminary report of the site visit which I signed @ the time of inspection wasn't on the list, why did you add more ??? 'Areas of non-compliance</i></p>	<p style="text-align: right;"><i>4/7/17</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(H) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Fire extinguishers shall be installed in accordance with NFPA 101 Life Safety Code and have a minimum fire extinguisher classification rating as required by the county fire code;</p> <p><u>FINDINGS</u> At the time of the Life Safety inspection on August 4, 2016, the fire extinguishers did not have an annual inspection.</p> <p>At the time of the annual inspection, there was an invoice for the fire extinguisher inspection dated August 10, 2016.</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>I will check the fire extinguisher tag every 3 months then call for inspection 3 months before it expires.</i></p>	<p style="text-align: right;"><i>5/18/18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-23(g)(3)(H)	<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 style="text-align: center;"><i>In the future, I will renew my fire extinguisher three months before inspection.</i></p>	<p style="text-align: right;"><i>5/18/18</i></p>

Licensee's/Administrator's Signature: Virginia F. Andaya
Print Name: VIRGINIA F. ANDAYA
Date: 4/9/17

Licensee's/Administrator's Signature: Virginia F. Andaya
Print Name: VIRGINIA F. ANDAYA
Date: 5/18/18