

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Magsanide's Care Home, L.L.C.</b>	<b>CHAPTER 100.1</b>
<b>Address: 1439 Middle Street, Honolulu, Hawaii 96819</b>	<b>Inspection Date: April 24, 2018 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.**

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

STATE OF HAWAII  
DOH-ORCA  
STATE LICENSING

'18 JUL -2 AM 26

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (p)(5) Miscellaneous:</p> <p>Signaling devices approved by the department shall be provided for resident's use at the bedside, in bathrooms, toilet rooms, and other areas where residents may be left alone. In Type I ARCHs where the primary care giver and residents do not reside on the same level or when other signaling mechanisms are deemed inadequate, there shall be an electronic signaling system.</p> <p><b><u>FINDINGS</u></b> Bedroom #1, call bell was not plugged in.</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>Yes, deficiency has been corrected. The call light base has been moved in between the two beds. Lines are long enough &amp; secured so that it won't get unplugged easily.</p>	<p>April 27, 2018</p> <p style="text-align: right;">18 JUL -2 AM 1:26</p> <p style="text-align: right;"><b>RECEIVED</b></p>

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Licensee's/Administrator's Signature: Editha Magsanide

Print Name: EDITHA MAGSANIDE

Date: June 29, 2018

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