

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lorenzo Care Home, LLC	CHAPTER 100.1
Address: 98-1591 Hoomaike Street, Pearl City, Hawaii 96782	Inspection Date: September 7, 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.

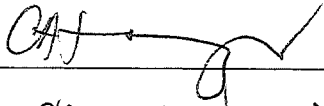
YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.</p> <p><u>FINDINGS</u> No policy and procedure addressing use surveillance camera.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (f) The resident and the resident's family, legal guardian, surrogate or representative shall be informed at the time of admission of all facility policies and procedures.</p> <p><u>FINDINGS</u> No policy and procedure addressing use surveillance camera.</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> <ul style="list-style-type: none"> - A poli^{cu} VIDEO SURVEILLANCE POLICY AND CONSENT FORM HAS BEEN DEVELOPED. - THIS POLICY WILL BE INCLUDED AS PART OF THE "ADMISSION CHECKLIST" AND WILL BE DISCUSSED UPON ADMISSION ALONG WITH THE GENERAL OPERATIONAL POLICY. - A SEPARATE CONSENT FORM WILL BE OBTAINED AND FILED IN CLIENT'S RECORDS. - JUST LIKE THE GENERAL OPERATIONAL POLICY, THIS POLICY WILL BE REVIEWED ANNUALLY WITH CLIENT, AND/OR HIS/HER LEGAL GUARDIAN, TO MAKE SURE IT IS FOLLOWED. 	<p>9-18-2018</p>

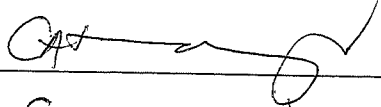
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><u>FINDINGS</u> Resident Bathroom, one (1) can of "Lysol" spray.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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Licensee's/Administrator's Signature: 

Print Name: CATHERINE LORENZO

Date: 7-31-18

Licensee's/Administrator's Signature: 

Print Name: CATHERINE LORENZO

Date: 9-18-2018