

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ramos, Consolacion (ARCH)	CHAPTER 100.1
Address: 1742 Ala Aolani Place, Honolulu, Hawaii 96819	Inspection Date: June 15, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Repeat citation (2015).</p> <ol style="list-style-type: none"> 1. Refrigerator (kitchen) #1 temperature 55°F at 8:15 a.m. Second temperature reading with a metal stem thermometer 60°F at 11:00 a.m. 2. Refrigerator (TV Room) #2 temperature 50°F. 	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p>	

	Rules (Criteria)	Plan of Correction	Completion Date
☒	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p> <p>An area shall be provided for safe and secure storage of resident's records which must be retained in the ARCH for periods prescribed by state law;</p> <p><u>FINDINGS</u> Resident records on the dining room table, <u>unsecured</u>.</p>	<p>WHAT DID YOU DO TO CORRECT THE DEFICIENCY?</p> <p><u>FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</u></p>	

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____