

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: E & R	CHAPTER 100.1
Address: 3034 Kalihi Street, Honolulu, Hawaii 96819	Inspection Date: January 10, 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>§11-100.1-23 <u>Physical environment.</u> (h)(3) 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>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety</p> <p><u>FINDINGS</u> Front entrance doors do not fit threshold. Open areas noted at the base of each one of the double doors as follows:</p> <ul style="list-style-type: none"> • Left Door - 1" x 3", 3.5" x 2" and 1" x 5". • Right Door - ¼" x 4". 	<p style="text-align: center;">PART 1 <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>We changed the old doors to a new doors. Now it is very nice and clean no more hazards to residents and care givers -</i></p>	<p style="text-align: center;"><i>1-11-18</i></p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) 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>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety</p> <p><u>FINDINGS</u> Front entrance doors do not fit threshold. Open areas noted at the base of each one of the double doors as follows:</p> <ul style="list-style-type: none"> • Left Door - 1" x 3", 3.5" x 2" and 1" x 5". • Right Door - ¼" x 4". 	<p style="text-align: center;">PART 2 <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 will ensure to maintained the entire facility in a safe and comfortable manner to minimize hazards to residents and care givers. I will ensure walls and doors do not have any holes²¹³ holes</i></p>	<p style="text-align: right;"><i>1-11-2018</i></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> No pliable plastic protectors for resident pillows as follows:</p> <ol style="list-style-type: none"> 1. Bedroom #1 (bed 2), 2. Bedroom #2, and 3. Bedroom #3. 	<p style="text-align: center;">PART 1 <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>Bedroom # 1 bed 2 I put already pliable plastic protectors also in bedroom # 2 and bedroom # 3 have all pliable plastic protectors for residents pillows</i></p>	<p style="text-align: right;"><i>1-11-18</i></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> No pliable plastic protectors for resident pillows as follows:</p> <ol style="list-style-type: none"> 4. Bedroom #1 (bed 2), 5. Bedroom #2, and 6. Bedroom #3. 	<p style="text-align: center;">PART 2 FUTURE PLAN</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 will ensure that each bed pillow has pliable plastic pillows protector at all times- I made a reminder sheet to place it in the living room to checked it frequently.</i></p>	<p style="text-align: center;">1-18-2018</p>

Licensee's/Administrator's Signature: Remedios L. Brion
Print Name: REMEDIOS L. BRION
Date: 6-20-18

Licensee's/Administrator's Signature: Remedios Brion
Print Name: Remedios BRION
Date: 10-9-2018