

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Padre, Norma (ARCH)</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-607 Mahoe Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: January 12, 2017 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.**

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-12 <u>Emergency care of residents and disaster preparedness.</u> (b)  The licensee shall maintain a first aid kit for emergency use for each Type I ARCH.</p> <p><b><u>FINDINGS</u></b>  One (1) pack of Motrin stored in First Aid kit.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	



**RULE #11-100.1-12(b)**

**PART 2**

**FUTURE PLAN**

**USE THIS SPACE TO EXPLAIN YOUR  
FUTURE PLAN: WHAT WILL YOU DO TO  
ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (e) A metal stem thermometer shall be available for checking cold and hot food temperatures.</p> <p><b><u>FINDINGS</u></b> No metal stem thermometer available that reads both hot and cold food temperatures.</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>	
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**RULE #11-100.1-14(e)**

**PART 2**

**FUTURE PLAN**

**USE THIS SPACE TO EXPLAIN YOUR  
FUTURE PLAN: WHAT WILL YOU DO TO  
ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4)  General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b>  Resident register not current. Has Resident #1 discharged but not re-admitted.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	
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**RULE #11-100.1-17(f)(4)**

**PART 2**

**FUTURE PLAN**

**USE THIS SPACE TO EXPLAIN YOUR  
FUTURE PLAN: WHAT WILL YOU DO TO  
ENSURE THAT IT DOESN'T HAPPEN AGAIN?**

Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_