

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Emmy's Care Home, LLC</b>	<b>CHAPTER 100.1</b>
<b>Address: 91-382 Kaholo Street, Mililani, Hawaii 96789</b>	<b>Inspection Date: April 13, 2020 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <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><b><u>FINDINGS</u></b> Two (2) Clorox bleach bottles located inside resident's bathroom cabinet, unsecured.</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>11-100.1-14 What did you do to correct it?</p> <p>Removed two (2) clorox bleach bottles located inside resident's bathroom cabinet after the visit. This deficiency was corrected by placing the clorox bottles in a secured cabinet in a cabinet not located in the resident's bathroom.</p>	<p>4-13-20</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<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><b><u>FINDINGS</u></b> Two (2) Clorox bleach bottles located inside resident's bathroom cabinet, unsecured.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>11-100.1-14 What will you do in the future to not make the same mistake again?</p> <p>To ensure that this does not happen again, all cleaning products and products that are hazardous to my clients will be kept in a locked cabinet located in an area away from my client's room and bathroom. I will place a reminder note on the locked cabinet to remind myself and my caregivers to keep the cabinet locked at all times.</p>	<p style="text-align: right;">4-13-20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> Resident #1 medication container included a supply of Nitro tab sublingual PRN that was expired on 12/19/18. Expired medication not properly disposed.</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>11-100.1-15 What did you do to correct it?</p> <p>This deficiency was corrected by removing the expired medications and disposing of them after the visit. The medications were removed from their original packaging, mixed with coffee grounds, placed in a Ziplocs bags and disposed of in the trash bin. The medication labels were torn.</p>	4-13-20

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(1)(D) Bedrooms:</p> <p>General conditions:</p> <p>Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;</p> <p><b><u>FINDINGS</u></b> Licensed bedroom #3 closet space is full of boxes of incontinence supply. Per primary care giver, the room is currently empty, and the supplies are from the previous resident.</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>11-100.1-23 What did you do to correct it?</p> <p>This deficiency was corrected by removing the incontinence supplies and placing them in my resident's closet that has adequate space after the visit. Resident room #3 shall remain free and clear of clutter and supplies that do not belong there.</p>	<p style="text-align: center;">4-13-20</p>

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Licensee's/Administrator's Signature: Emalyn P. Esteban  
Print Name: Emalyn P. Esteban  
Date: 5-31-20