

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: House of Aloha</b>	<b>CHAPTER 100.1</b>
<b>Address: 86-569 Paheehoe Road, Waianae, Hawaii 96792</b>	<b>Inspection Date: February 18, 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) 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>§11-100.1-14 <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><b><u>FINDINGS</u></b> Refrigerator temperature outside of acceptable range at 54°F.</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 style="text-align: center;">PCG TAKE OUT ALL THE FOODS INSIDE THE REFRIGERATOR MAKE SURE ALL THE FOODS DON'T SPOILED.</p>	<p style="text-align: center;">FEB. 18 2020</p>

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<input checked="" type="checkbox"/>	<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><b><u>FINDINGS</u></b> Refrigerator temperature outside of acceptable range at 54°F.</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 style="text-align: center;">PEG TAKE OUT THE REFRIGERATOR AND BUY A NEW ONE, I WILL MAKE SURE THE TEMPERATURE IS 45F OR LOWER, SO THAT IN THE FUTURE IT DOESN'T HAPPEN AGAIN.</p>	<p style="text-align: center;">FEB. 18 2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><u>FINDINGS</u> Metal stem thermometer does not work.</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 style="text-align: center;"><i>PCC PUT THE BRAND NEW BATTERY TO THE METAL STEM THERMOMETER.</i></p>	<p style="text-align: center;"><i>FEB. 18 2020</i></p>

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<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> Metal stem thermometer does not work.</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>IN THE FUTURE, I WILL MAKE SURE THE METAL STEM THERMOMETER IS AVAILABLE FOR CHECKING THE COLD &amp; HOT FOOD TEMPERATURES. THE FOOD I HAD PREPARED AND SERVED TO THE RESIDENTS IS MET THE PROPER TEMPERATURE REQUIREMENT. I WILL ENSURE THAT EVERY PREPARATION OF FOODS AND COOKED WE USED THE STEM METAL THERMOMETER EVERYDAY. SO THAT IF THE BATTERY IS NOT WORKING I CAN CHANGED IMMEDIATELY, IT DOESN'T HAPPEN AGAIN.</p>	<p>MARCH 24, 2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (b)            Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.</p> <p><b><u>FINDINGS</u></b>            Medication (Purelax) stored unsecured on dresser in bedroom.</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 style="text-align: center;"><i>PCG KEEP THE PURELAX SECURED ON THE MEDICINE CABINET AWAY FROM THE RESIDENT BEDROOM. IN THAT TIME AFTER THE INSPECTION.</i></p>	<p style="text-align: center;"><i>FEB. 12 2020</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Response to medications not provided in monthly progress notes.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p>UNABLE TO CORRECT THE DEFICIENCY IT IS DONE.</p>	<p>FEB. 18 2020</p>



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Licensee's/Administrator's Signature: *Sulereny*

Print Name: SISTER LORCENE PATALIGAN, OP.

Date: MARCH 24, 2020