

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sharolyn L Galamay LLC	CHAPTER 100.1
Address: 91-1141 Kauiki Street, Ewa Beach, Hawaii 96706	Inspection Date: March 9, 2021 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) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 MAR 18 P 1:23

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation.</p> <p>FINDINGS An open bottle of whisky was stored in unlocked refrigerator in residents' dining room. The bottle was removed by PCG during inspection.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: center;">21 MAR 18 P1 23</p> <p style="text-align: center;">STATE OF HAWAII DOH-DHCA STATE LICENSING</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> (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><u>FINDINGS</u> Resident #1 – No current Individualized Service Plan (ISP) on file. The most current ISP available was dated 4/4/2019.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><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><i>Followed up with Case Manager, Eri Pang 808-692-7493. She stated no ISP on file for 2020. Informed her that Carl was stable. Followed up with Emma Cabaungan, Service Supervisor at Preferred Home & Community Based Services, Inc and she also noted no ISP on file. Case Manager and service supervisor were kept informed that Carl was stable and no changes. With the pandemic just starting, safety of everyone was priority.</i></p>	<p style="text-align: center;"><i>3/15/2021</i></p> <p style="text-align: right;">21 MAR 18 P 1 23</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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DOH-OHCA
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Licensee's/Administrator's Signature: Sharolyn Galamay

Print Name: Sharolyn Galamay

Date: 3/15/2021

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