

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Estelle P. Leslie	<b>CHAPTER 100.1</b>
<b>Address:</b> 2506 Kilauea Avenue, Hilo, Hawaii 96720	<b>Inspection Date:</b> March 31, 2022 – Initial

**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.**

**RECEIVED**  
JUN 08 2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.  <u>FINDINGS</u> Substitute care giver (SCG) #1 – no current physical examination.  SCG #2 – no current physical examination.  Family Member – no current physical examination.	PART 1  <u>DID YOU CORRECT THE DEFICIENCY?</u>  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  SCG #1 PHYSICAL DONE ON 4/27/2022, FILED IN CARE HOME BINDER  SCG #2 PHYSICAL DONE ON 4/28/2022, FILED IN CARE HOME BINDER  FAMILY MEMBER DONE ON 11/3/2021 BUT FORM WAS NOT FILED PROPERLY IN BINDER. NOW FILED IN CARE HOME BINDER.	4/27/2022  4/28/2022  (11/3/2021) 4/1/2022

STATE OF HAWAII  
 DCH-OHCA  
 STATE LICENSING

22 MAY 10 P4:35

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. <u>FINDINGS</u> Substitute care giver (SCG) #1 – no current physical examination. SCG #2 – no current physical examination. Family Member – no current physical examination.	PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? CHECKLIST OF REQUIREMENTS WAS CREATED & PLACED IN FRONT OF CAR'S HOME BINDER, WHICH WILL BE CHECKED WEEKLY. SAME AS ABOVE WILL MAKE SURE TO FILE COMPLETED FORM IN CARE HOME BINDER IMMEDIATELY. REMINDER WILL BE MADE <del>THRU</del> (a) MONTHS PRIOR TO EXPIRATION DATE. VIA VERBAL, PHONE CALL & TEXT. PROMOTES OF EVERY CAREGIVER & FAMILY/MEMBER WILL BE ON MY PHONE CALENDAR SO I CAN BE ALERTED TO REMIND.	4/11/2022 4/11/2022 4/11/2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <b>FINDINGS</b> SCG #2 no current tuberculosis (TB) clearance. Family Member – no current TB skin test.	<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>SCG #2 took TB on 4/16/2022; RESP ON 5/11/2022; FILED IN CARE HOME BINDER            FAMILY MEMBER TB TEST ON 12/9/2021; CLEARSD ON 12/16/2021 BUT FORM WAS NOT FILED PROPERLY IN CARE HOME BINDER.            NOW FILED IN CARE HOME BINDER.</p> <p style="text-align: right;">STATE OF HAWAII            DOH OHCA            STATE LICENSING</p>	<p>5/11/2022            (4/16/2021)            4/11/2022</p> <p style="text-align: right;">22 MAY 10 P 4:35</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> SCG #2 no current tuberculosis (TB) clearance. Family Member – no current TB skin test.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>CHECKLIST OF REQUIREMENTS WAS CREATED &amp; PLACED IN FRONT OF CARE HOME BINNER, WHICH WILL BE CHECKED WEEKLY.            WILL MAKE SURE TO FILE COMPLETED FORM IN CARE HOME BINNER IMMEDIATELY.            REMINDER WILL BE MADE TWO (2) MONTHS PRIOR TO EXPIRATION DATE VIA PHONE CALL &amp; TEXT.            DUE DATES OF EVERY CAREGIVER &amp; FAMILY MEMBER WILL BE ENTERED ON MY PHONE CALENDAR SO I CAN BE ALERTED TO REMIND.</p>	<p style="text-align: center;">4/1/2022 4/1/2022</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:  Be currently certified in first aid;  <u>FINDINGS</u> SCG #2 – no current first aid.	<p style="text-align: center;">PART 1</p> <p><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>SCG #2 FIRST AID CURRENT (BMP 9/25/2022)            BUT WAS MISFILED. FILED IN CARE HOME FINDER NOW.</p>	<p style="text-align: center;">4/1/2022</p> <p style="text-align: right;">STATE OF HAWAII            DOH-DHCA            STATE LICENSING</p> <p style="text-align: right;">22 MAY 10 P4:35</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:  Be currently certified in first aid;  <u>FINDINGS</u> SCG #2 – no current first aid.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>WILL MAKE SURE CARE HOME BINDER IS ORGANIZED &amp; IN ORDER. INCLUDED ON CHECKLIST PLACED IN FRONT OF CAREHOME BINDER, WHICH WILL BE CHECKED WEEKLY</p>	<p style="text-align: center;">4/1/2022</p> <p style="text-align: right;">STATE OF HAWAII DQH-ORCA STATE LICENSING</p> <p style="text-align: right;">MAY 10 2022 4:35</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:  Be currently certified in cardiopulmonary resuscitation;  <u>FINDINGS</u> SCG #2 - no current cardiopulmonary resuscitation (CPR).	<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 style="text-align: center;">SCG #2 CPR CURRENT (EX P 9/25/2023)            BUT WAS MISFILED. FILES IN CARE HOME            PINDER NW.</p> <div style="text-align: right;">             STATE OF HAWAII              DOH-CHCA              STATE LICENSING           </div>	<p style="text-align: center;">4/1/2022</p> <p style="text-align: right;">22 MAY 10 P4:35</p>



RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:  Be currently certified in cardiopulmonary resuscitation;  <u>FINDINGS</u> SCG #2 – no current cardiopulmonary resuscitation (CPR).	PART 2  <u>FUTURE PLAN</u>  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  WHY MAKE SURE CARE HAVE BINDER IS ORGANIZED & IN ORDER. ALLOWED ON CHECKLIST PURVED IN FRONT OF CARE HOME BINDER, TO BE CHECKED WEEKLY	4/1/2022  STATE OF HAWAII DOH-DHCA STATE LICENSING 22 MAY 10 P4:35

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.  <b>FINDINGS</b> No four (4) week menu available for review.	<p style="text-align: center;">PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>4 week menu completed but not posted.  IT IS NOW POSTED IN DINING ROOM &amp; KITCHEN.</p> <p style="text-align: right;">STATE OF HAWAII  DOH-OHCA  STATE LICENSING</p>	<p style="text-align: center;">4/1/2022</p> <p style="text-align: center;">22 MAY 10 P4:35</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-13 Nutrition. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.  <b>FINDINGS</b> No four (4) week menu available for review.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>WILL POST MENU AT ALL TIMES, EVEN WHEN WE HAVE NO RESIDENTS, IN BOTH AREAS - RESIDENT'S DINING ROOM &amp; KITCHEN WHERE FOOD IS PREPARED.</p>	<p style="text-align: center;">4/11/2022</p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">22 MAY 10 P4:35</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (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.  <b>FINDINGS</b> Bleach unsecured in medication closet.	<p style="text-align: center;"><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Bleach was immediately removed &amp; placed in a locked drawer.</p>	<p style="text-align: center;">4/1/2022</p> <p style="text-align: center;">22 MAY 10 P4:35</p> <p style="text-align: center;">STATE OF ILLINOIS            DOH-ORCA            STATE LICENSING</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (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.  <u>FINDINGS</u> Bleach unsecured in medication closet.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>WILL ALWAYS SECURE ALL CHEMICALS SUCH AS BLEACH IN A LOCKED DRAWER. KEYS IN DESIGNATED AREA.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: center;">4/1/2022</p> <p style="text-align: right;">22 MAY 10 P4:35</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications, (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.  <b>FINDINGS</b> Medication closet unsecured.	<p style="text-align: center;"><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>LOCKED MEDICATION CLOSET IMMEDIATELY, EVEN IF WE HAVE NO RESIDENTS AT THIS TIME; AND WILL KEEP KEYS IN THE DESIGNATED AREA.</p> <p style="text-align: right;">STATE OF HAWAII          BON-CHONA          STATE LICENSING</p>	<p style="text-align: right;">4/12/2022</p> <p style="text-align: right;">22 MAY 10 P4:35</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (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.  <u>FINDINGS</u> Medication closet unsecured.	PLAN OF CORRECTION  PART 2  <u>FUTURE PLAN</u>  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  WILL KEEP MEDICATION CLOSET LOCKED AT ALL TIMES w/ KEY IN THE DESIGNATED AREA.	4/1/2022  22 MAY 10 P4:35

STATE OF HAWAII  
 DOH-CHCA  
 STATE LICENSING

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(D) Fire prevention protection.  Type I ARCHs shall be in compliance with, but not limited to, the following provisions:  A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;  <u>FINDINGS</u> No fire drill record for January – March 2022.	<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 style="text-align: center;">LAPSE CANNOT BE CORRECTED. PERFORMED FIRE DRILL TODAY 3/9/2022. DOCUMENTED, ON FILE.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: center;">3/9/2022</p> <p style="text-align: center;">22 MAY 10 P4:35</p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-23 Physical environment. (e)(3)(D) Fire prevention protection.</p> <p>Type I ARCHS shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><b>FINDINGS</b> No fire drill record for January – March 2022.</p>	<p style="text-align: center;"><b>PLAN OF CORRECTION</b></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;">CREATED FIREDRILL PINDER &amp; WILL CONTINUE TO CONDUCT QUARTERLY EVERY THOUGH WE HAVE NO RESIDENTS AT THIS TIME. ALSO A CHECKLIST CREATED &amp; PLACED IN FRONT OF PINDER. TO BE CHECKED MONTHLY TO BE SURE IT IS DONE QUARTERLY.</p>	4/1/2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.  Type I ARCHs shall be in compliance with, but not limited to, the following provisions:  Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and  Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;  <u>FINDINGS</u>  No smoke detector checks for January – March 2022.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><u><b>DID YOU CORRECT THE DEFICIENCY?</b></u></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;"><b>LAPSE CANNOT BE CORRECTED. CHECKED ALL SMOKE DETECTORS TODAY &amp; DOCUMENTED, ON FILE.</b></p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: center;"><i>3/9/22</i></p> <p style="text-align: center;">22 MAY 10 P 4:35</p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>  <b>PART 2</b>  <b><u>FUTURE PLAN</u></b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (e)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and</p> <p>Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><b>FINDINGS</b> No smoke detector checks for January - March 2022.</p>	<p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>CREATED SEPARATE BINDER TO KEEP TRACK. WILL CONTINUE TO CHECK MONTHLY, EVERY THOUGH WE HAVE NO RESIDENTS. ALSO CREATED CHECKLIST, PLACED IN FRONT OF BINDER, TO BE CHECKED MONTHLY TO BE SURE IT IS DONE.</p>	4/1/2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (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.  All Type I ARCHS shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;  <b>FINDINGS</b> Two (2) cases of bottled water on hallway floor.	<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 style="text-align: center;">REMOVED 2 CASES FROM FLOOR &amp; PLACED IN KITCHEN CABINET.</p>	<p style="text-align: center;">4/1/2022</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">22 MAY 10 P4:35</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (b)(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.  All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;  <u>FINDINGS</u> Two (2) cases of bottled water on hallway floor.	PART 2  <u>FUTURE PLAN</u>  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  WILL MAKE SURE NO FOOD OR DRINK IS DIRECTLY ON THE FLOOR BY STORING FOOD OR DRINKS IN THE CABINETS OR ON WOOD PALLET/RISER THAT IS AT LEAST 6' OR MORE IN HEIGHT ABOVE THE FLOOR.	4/1/2022

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment: (o)(1)(D) Bedrooms:  General conditions:  Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;  <u>FINDINGS</u> Resident bedroom #1 – two (2) folding tables. Resident bedroom #2 – closet contained several boxes of diapers. Resident bedroom #3 – closet contained feminine products.	PART 1  <u>DID YOU CORRECT THE DEFICIENCY?</u>  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY  REMOVED FOLDING TABLES FROM BEDROOM #1 REMOVED ALL ITEMS FROM BEDROOM #2 REMOVED FEMININE PRODUCTS FROM BEDROOM #3  STATE OF HAWAII DOH-DHCA STATE LICENSING	4/1/2022 4/11/2022 4/11/2022  22 MAY 10 P4:35

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> (o)(1)(D) Bedrooms:  General conditions:  Bedrooms shall not be used for recreation, cooking, dining, storage, bathrooms, laundries, foyers, corridors, lanais, and libraries;  <u>FINDINGS</u> Resident bedroom #1 – two (2) folding tables. Resident bedroom #2 – closet contained several boxes of diapers. Resident bedroom #3 – closet contained feminine products.	PART 2  <u>FUTURE PLAN</u>  USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?  - WILL MAKE SURE TO PREP ROOMS IMMEDIATELY AFTER EACH DISCHARGE - SAME AS ABOVE - SAME AS ABOVE  WILL REMOVE ALL ITEMS/BEANBAGS FROM PREVIOUS RESIDENT AND NOT BE USED TO STORE ANY OTHER ITEMS THAT IS NOT TO BE USED BY RESIDENT,	4/1/2022 4/1/2022 4/1/2022

RECEIVED  
 JUN 08 2022

Licensee's/Administrator's Signature:

*Leslie Leslie*

Print Name:

Estelle Leslie

Date:

5/1/2022

STATE OF HAWAII  
DOH-CHCA  
STATE LICENSING  
22 MAY 10 P4:35



Licensee's/Administrator's Signature:

*Estelle Veslie*

Print Name:

ESTELLE VESLIE

Date:

6/1/2022