

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| | |
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| Facility's Name: Safe Haven Care Home LLC | CHAPTER 100.1 |
| Address: 94-382 A Ana Lane, Waipahu, Hawaii 96797 | Inspection Date: November 9, 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

22 NOV 22 PM 12:43
STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|---|--|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> No documentation that smoke detectors was tested in September 2022 and October 2023.</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;">*22 NOV 22 P12:43</p> <p style="text-align: center;">STATE OF HAWAII DOH-ONCA STATE LICENSING</p> |

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|-------------------------------------|---|--|--|
| <input checked="" type="checkbox"/> | <p>§11-100.1-23 <u>Physical environment.</u> (r) Facilities shall be maintained in accordance with provisions of state and local zoning, building, fire safety and health codes.</p> <p><u>FINDINGS</u> No documentation that smoke detectors was tested in September 2022 and October 2023.</p> | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>① mark & schedule monthly calendar to perform smoke detector testing every 1st of the month.</p> <p>② copies of fire drill & smoke detector record forms to keep by the fire exit plan to remind caregivers to do monthly testing.</p> | <p style="text-align: center;">11/20/22</p> <p style="text-align: center;">22 NOV 22 P12:43</p> <p style="text-align: center; font-size: small;">STATE OF CONNECTICUT DOH-DHCA STATE LICENSING</p> |

Licensee's/Administrator's Signature: 

Print Name: CAREN UNEP-MY, PCG

Date: 11/20/22

22 NOV 22 P12:43
STATE OF HAWAII
DOI-CHCA
STATE LICENSING