

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Honesty	CHAPTER 100.1
Address: 775 Analio Street, Wailuku, Hawaii, 96793	Inspection Date: October 28, 2022 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-OLCA
STATE LICENSING

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FORM 01/1/00

CLERK SERVICES

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PLAN OF CORRECTION

PART 1

RULES (CRITERIA)



§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.

FINDINGS

Substitute care giver #1: No documented evidence of annual tuberculosis clearance.

DID YOU CORRECT THE DEFICIENCY?

USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY

I will make sure that the substitute caregiver has an Annual tuberculosis clearance, and its on file

11/11/22
JL

STATE OF HAWAII
DOH-GHCA
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§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.</p> <p><u>FINDINGS</u> Substitute care giver #1: No documented evidence of annual tuberculosis clearance.</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 style="text-align: center;"><i>I will post a reminder on my fridge & mark my calendar as a reminder to make sure that all substitute caregivers has an Annual Tuberculosis clearance before care home inspection.</i></p>	<p style="text-align: right;"><i>11/11/2022</i></p> <p style="text-align: right;">STATE OF HAWAII DEPARTMENT OF HEALTH LICENSING 22 NOV 14 08:37</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><u>FINDINGS</u> House hold member medication unlocked in refrigerator.</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 style="text-align: center;"><i>All medication of household members that are kept in the fridge will be kept in a locked container at all times.</i></p>	<p><i>11/11/2022</i> <i>Yes</i></p> <p style="text-align: right;">22 NOV 14 08:37</p> <p style="text-align: right; font-size: small;">STATE OF OHIO DOH-ONCA STATE LICENSING</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><u>FINDINGS</u> House hold member medication unlocked in refrigerator.</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 style="text-align: center;"><i>I will routinely check the container (at all times) of medication for household members in lock at all times and have a reminder posted in my fridge. and mark my calendar.</i></p>	<p style="text-align: center;"><i>11/11/2022</i></p> <p style="text-align: center;">22 NOV 14 08:37</p> <p style="text-align: center;">STATE OF ILLINOIS DOH-OHCA STATE LICENSING</p>

Licensee's/Administrator's Signature:

Zenaida Valdez

Print Name:

Zenaida Valdez

Date:

Nov. 11, 2022

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

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