


Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

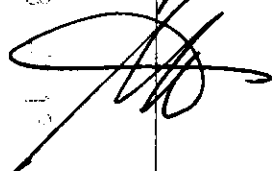
Facility's Name: 3 J's 	CHAPTER 100.1
Address: 1624 Perry Street, Honolulu, Hawaii 96819	Inspection Date: April 3, 2023 Annual

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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS</u> Resident #1, Resident #2: Two (2) non self-preserving residents in care home. Only two (2) caregivers in care home.</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>DURING THE INSPECTION I ONLY HAVE 3 CLIENTS, 1 ARCH (APR 30, 2023) and 2 non self-preserving. (Consultant stated I have 4). ON APRIL 30 I transferred my 1 NON-PRESERVING CLIENT TO FOSTER HOME. SO, I only have two clients right now; 1 (ARCH) 1 (NON-PRESERVING)</i> </p>	<p style="text-align: center;">4/30/23</p>

[Handwritten signature]

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(1)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS</u> Resident #1, Resident #2: Two (2) non self-preserving residents in care home. Only two (2) caregivers in care home.</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><i>IN THE FUTURE, I WILL MAKE SURE I HAVE RIGHT AMOUNT OF CAREGIVERS IF I HAVE 2 OR MORE NON-PRESERVING CLIENTS. IF I HAVE 2 NON-PRESERVING CLIENTS IN THE FUTURE, I shall transfer 1 non-preserving to other care homes if I only maintaining 2 caregivers. I understood that I can only kept 1 non-preserving client with 2 caregivers.</i></p>	<p style="text-align: right;"><i>APR 30, 2023</i></p> 

	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>FINDINGS Smoke detector beeping during inspection.</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>Removed & replaced smoke detector with the new one. Smoke detector is now not beeping</i></p> <p style="text-align: right;"><i>[Signature]</i></p>	<p style="text-align: right;"><i>30 Apr 2023</i></p>

	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> Smoke detector beeping during inspection.</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><i>In the future, I will check all smoke detectors monthly and also 3 months before my inspection, I will ensure to check it weekly. And if I the smoke detectors beeping I need to take action ASAP to fix it.</i></p> <p style="text-align: right;"><i>AM</i></p>	<p style="text-align: right;"><i>30 APR 2023</i></p> <p style="text-align: right; font-size: small;">23 APR 13 11:00</p>

Licensee's/Administrator's Signature: _____



Print Name: _____

Geronimo Castillo

Date: _____

5 JUN 2023

23 JUN 2023