

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ichikawa Care Home LLC	CHAPTER 100.1
Address: 2848 Kalihi Street, Honolulu, Hawaii 96819	Inspection Date: October 4, 2023 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.

STATE OF HAWAII
OCT-04-2023
STATE LICENSING

2023
OCT 16 P 3:52

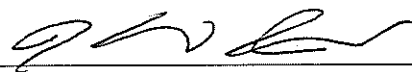
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and 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><u>FINDINGS</u> No record that smoke detectors were tested in August 2023.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>23 OCT 16 P 3:52</p> <p>STATE OF ALA HHS-CD STATE LIST ROOMS</p>

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STATE OF HAWAII
DEPT. 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> There is a microwave, refrigerator, and sink in the mezzanine wet bar.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The microwave has been removed from the mezzanine wet bar. That microwave has been moved to the kitchen.</p>	<p>10/10/23</p> <p>23 OCT 16 P 3:52</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH 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> There is a microwave, refrigerator, and sink in the mezzanine wet bar.</p>	<p>PART 2</p> <p><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>To ensure the microwave will not be moved back to the mezzanine wet bar, that microwave has been moved to the kitchen, where it is used. To further ensure this action, all family members in this household has been told not to move the microwave back to the mezzanine wet bar. All family members will told each other accountable reminding one another.</p>	<p>10/10/23</p> <p>23 OCT 16 P 3:52</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH OFFICE OF ENVIRONMENTAL HEALTH</p>

Licensee's/Administrator's Signature: 

Print Name: Kimiko Ichikawa

Date: 10/11/23

STATE OF HAWAII
DEPT. OF LAND & NATURAL RESOURCES
STATE LICENSING

23 OCT 16 P 3:52