Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Evelyn's	CHAPTER 100.1
Address:	Inspection Date: July 22, 2024 Annual
94-824 Kumukula Street, Waipahu, Hawaii 96797	

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.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
\$11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. FINDINGS Expired canned goods were noted in the kitchen pantry.	PLAN OF CORRECTION PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY On 7/27/24, I checked and removed all expired can goods in the pantry	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	§11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. FINDINGS Expired canned goods were noted in the kitchen pantry.	PART 2	
		<u>FUTURE PLAN</u>	07/27/24
		USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	
		I will set a monthly reminder on my phone to check expired canned good revery month.	
		I will also check canned goods before I use it for cooking	
		I Will also remind my substitute to check the expired canned goods in the pantry as well.	

Licensee's/Administrator's Signature:	Curlya Res
Print Name:	Evelyn Paco
Date: _	08/20/2024