

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Gaylord's	CHAPTER 100.1
Address: 1723 Malanai Street, Honolulu, Hawaii 96826	Inspection Date: May 19, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS</p> <p>[REDACTED]</p>	<p>[REDACTED]</p> <p>To ensure this will not happen again, I will update our R.D. when there is a change of diet orders and a new menu is required.</p>	5/31/15

Licensee/Administrator's Signature: Wannette Gaylord

Print Name: Wannette Gaylord

Date: 5/31/15