

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

16 MAY 2016  
 16 MAY 2016  
 16 MAY 2016

|   |  |
|---|--|
| Facility's Name: Yadao (DDDH)                         | CHAPTER 89                             |
| Address:<br>99-112 Puakala Street, Aiea, Hawaii 96701 | Inspection Date: April 22, 2016 Annual |

|                                     | Rules (Criteria)  | Plan of Correction   | Completion Date |
|-------------------------------------|---|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-89-19 <u>Nutrition</u>. (c)<br/>                     Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served.</p> <p><b>FINDINGS</b><br/>                     A one week menu was not posted.</p> | <p>menu posted in the residents dining area, above the dining table to be changed weekly by caregiver or substitute caregiver.</p> | 5/01/16         |

Licensee's/Administrator's Signature: Avelinda Yadao

Print Name: AVELINDA YADAO

Date: 5/04/16