

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Deguzman, Lydia	CHAPTER 100.1
Address: 94-293 Kahualena St., Waipahu, Hawaii 96797	Inspection Date: December 16, 2016 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.

Division of Health Care Licensing

17 FEB 16 09:34

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> No menu posted in dining room.</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>The menu has been posted in the residents dining area downstairs.</p>	<p style="text-align: center;">12/16/2016</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	RULE # §11-100.1-13 (d)	<p style="text-align: center;">PART 2 <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 check the menu everyday prior to preparing each meal.</p> <p>I have a reminder posted on my daily calendar which is posted on my refrigerator and on the wall in the kitchen.</p>	12/16/2016 17 FEB 16 09:34 <small>DATE OF ACTION</small>

Licensee's/Administrator's Signature: Lydia Deguzman
Print Name: Lydia Deguzman
Date: 2/15/2017

Licensee's/Administrator's Signature: Lydia Deguzman
Print Name: Lydia Deguzman
Date: 01-10-17