

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Flojo Quality Affordable Care Home	CHAPTER 100.1
Address: 1159 Kuokoa Street, Pearl City, Hawaii 96782	Inspection Date: February 7, 2017 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.

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (l) 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><u>FINDINGS</u> Resident #1, no special diet order provided when ordered. I.e.; order reads, "Regular, Minced Texture, Nectar Consistency". However, regular diet made available.</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><i>I called Annette Jackson (DOH nutritionist) and scheduled a consultation to review and update special diet for Resident #1 (Regular, minced texture, Nectar consistency) I developed 5 weeks of Regular, minced texture, Nectar consistency menus. Corrected on Feb. 14, 2017</i></p>	<p><i>Feb. 14, 2017</i></p>

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Licensee's/Administrator's Signature: CBFlojo

Print Name: Cecile B. Flojo

Date: November 15, 2017