

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jerez Care Home	CHAPTER 100.1
Address: 24 Puukani Street, Kahului, Hawaii 96732	Inspection Date: February 15, 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.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

'18 MAY 21 P2:49

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	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 the resident dining area.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>upon learning that there should be menu posted in the resident dining area, copy was made and posted on the day of inspection.</i></p>	<p><i>2-15-17</i></p> <p>18 MAY 21 P2:49</p> <p>STATE OF HAWAII DOH-OLICA STATE LICENSING</p>

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<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 the resident dining area.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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 style="text-align: center;"><i>In order to avoid this from happening again I have to post the menu immediately after revising it at the beginning of the week</i></p>	<p style="text-align: center;"><i>02-14-17</i></p> <p style="text-align: center;">18 MAY 21 P2:49</p> <p style="text-align: center;">STATE OF HAWAII DHF-010-A STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p>FINDINGS Resident #1, refusing certain foods on menu. I.e., pork and shrimp. Foods similar in nutritional value offered. "Menu Substitution Record" not used to document substitutes.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>'18 MAY 21 P2:49</p> <p>STATE OF HAWAII DOH - ORCA STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (e) Substitutes offered to residents who refuse food served shall be of similar nutritive value and documented.</p> <p>FINDINGS Resident #1, refusing certain foods on menu. I.e., pork and shrimp. Foods similar in nutritional value offered. "Menu Substitution Record" not used to document substitutes.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><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>None</i> In the future, in order to avoid from happening again:</p> <ol style="list-style-type: none"> ① My substitute caregivers and me will review the weekly cycle menu whenever there are changes to be made. ② Menu substitution will be written @ the back of the weekly cycle menu. ③ Document immediately the menu substitution after the meal is served. 	<p style="text-align: right;">05-15-18</p> <p style="text-align: right;">18 MAY 21 P2:49</p> <p style="text-align: right;">STATE OF HAWAII DOH-QLCA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (h) All persons who prepare food shall wash their hands with soap and water prior to food preparation and cooking.</p> <p><u>FINDINGS</u> No lathering hand soap available at the kitchen sink.</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 style="text-align: center;"><i>Lathering soap was provided at the kitchen sink after the day of inspection.</i></p>	<p style="text-align: center;"><i>2-16-17</i></p> <p style="text-align: center;">18 MAY 21 P2:51</p> <p style="text-align: center;">STATE OF HAWAII DOH-011CA STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident #1, admitted on 01/31/17. On 1/19/17, single tuberculosis skin test (TST) reads "0 mm". However, no evidence available for the required two-step TST.</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 style="text-align: center;"><i>upon learning that a step skin test be given to resident transferring from another care home 2nd skin test was done on the resident on 2-28-17.</i></p>	<p style="text-align: right;"><i>02-28-17</i></p> <p style="text-align: right;">18 MAY 21 P2:51</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

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Licensee's/Administrator's Signature: Leonora Perez

Print Name: LEONORA PEREZ

Date: 15 May, 2018

Licensee's/Administrator's Signature: Leonora Perez

Print Name: LEONORA PEREZ

Date: 25 March, 2018

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18 MAY 21 P2:51

STATE OF HAWAII
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