

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Huapala Senior Care A	CHAPTER 100.1
Address: 2649 A Huapala Street, Honolulu, Hawaii 96822	Inspection Date: December 3, 2018 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) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u></p> <p>Resident #1 menu not being followed. Menu calls for half cup of vegetable, and half cup of kidney beans, residents are given only a half cup of soup instead the whole cup. <i>cup, cup</i></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;">MSC = Manoa Senior Care</p> <p>DON discussed with all staff in the home that portion sizes of food items need to be served as indicated on the menu. Serving ladles with marked measurements are to be used To serve indicated amounts listed on the daily menus. DON will retrain staff to read menu thoroughly and use marked measurements of one cup serving size ladles and not half a cup serving ladles when indicated on the menu in the home.</p>	<p style="text-align: center;">12/10/2018 <i>JS</i></p> <p style="text-align: right;">18 DEC 20 P 4:08 STATE OF HAWAII DON-OROLA STATE LICENSING</p>

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Licensee's/Administrator's Signature: Jennie Gamage RN
Print Name: Jennie Gamage RN
Date: 12/10/2018

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