

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Choybeth's	CHAPTER 100.1
Address: 94-935 Hiapo Street, Waipahu, Hawaii 96797	Inspection Date: February 7, 2019 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	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><b><u>FINDINGS</u></b> The current menu was not posted for review in the:</p> <ol style="list-style-type: none"> <li>1. Kitchen and the</li> <li>2. Resident dining area</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>1.) will discuss with substitute caregivers that when menu is needed for any reason take out only the page that is needed to work on and leave the rest of menu pages in the dining room (front of refrigerator) for the residents and Dept. of Health to review.</i></p> <p><i>2.) Put back the menu page in the rest of the menu.</i></p>	<p style="text-align: right;"><i>2-18-19</i></p>

	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><b><u>FINDINGS</u></b> The current menu was not posted for review in the:</p> <ol style="list-style-type: none"> <li>1. Kitchen and the</li> <li>2. Resident dining area</li> </ol>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>1.) Will discuss &amp; substitute cover of menu that when menu is needed for any reason, take out only the page that is needed to work on and leave the rest of the menu pages in the dining room (front of department) for the residents and Dept. of Health to review.</p> <p>2.) Put back the menu page to the rest of the menu.</p>	<p style="text-align: right;">2-8-19</p>

Licensee's/Administrator's Signature: Laubalo

Print Name: ELIZABETH A. WALDO

Date: 2-8-19