Office of Health Care Assurance  
State Licensing Section  

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<table>
<thead>
<tr>
<th>Facility’s Name: Arcadia Retirement Residence</th>
<th>CHAPTER 90</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: 1434 Punahou Street, Honolulu, Hawaii 96822</td>
<td>Inspection Date: May 8 and 9, 2019 Biennial</td>
</tr>
</tbody>
</table>

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.
RULES (CRITERIA)

$\$11-90-8$ Range of services. (a)(2) Service plan.

A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;

FINDINGS

Resident #2: “Nutrition and meals” under the service plan did not include diet (pureed), thickened liquid consistency (nectar), Ensure and Magic cup supplement, and weekly weights.

PLAN OF CORRECTION

PART 1

DID YOU CORRECT THE DEFICIENCY?

USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY
RULES (CRITERIA)

§11-90-8 Range of services. (a)(2)
Service plan.

A service plan shall be developed and followed for each resident consistent with the resident's unique physical, psychological, and social needs, along with recognition of that resident's capabilities and preferences. The plan shall include a written description of what services will be provided, who will provide the services, when the services will be provided, how often services will be provided, and the expected outcome. Each resident shall actively participate in the development of the service plan to the extent possible;

FINDINGS
Resident #2: “Nutrition and meals” under the service plan did not include diet (pureed), thickened liquid consistency (nectar), Ensure and Magic cup supplement, and weekly weights.

PLAN OF CORRECTION

PART 2

FUTURE PLAN

USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?
Licensee’s/Administrator’s Signature: ________________________________

Print Name: ________________________________

Date: ________________________________