

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: C. Caraang</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-1023 Lumipolu Street, Waipahu, Hawaii 96897</b>	<b>Inspection Date: January 17, 2020 Annual</b>

**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)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 Nutrition. (o) Special diet orders shall be updated every three months by a physician. Verbal orders for special diets shall be recorded on the physician order sheet by the caregiver receiving the verbal orders and written confirmation by the attending physician shall be obtained at the next office visit.</p> <p><b>FINDINGS</b> Resident #1 – Diet order reads “SPECIAL DIET: Pureed with honey thickened liquid (1500)”. Diet order is missing the diet type.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u> Yes</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Called one of the dietician at the State of Hawaii office of Health Care Assurance for clarification.</i></p> <p><i>Went to PMD to update the changes of the missing diet type</i></p>	<p><i>01/20/20</i></p> <p><i>01/23/20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 Nutrition. (o) Special diet orders shall be updated every three months by a physician. Verbal orders for special diets shall be recorded on the physician order sheet by the caregiver receiving the verbal orders and written confirmation by the attending physician shall be obtained at the next office visit.</p> <p><b>FINDINGS</b> Resident #1 – Diet order reads “SPECIAL DIET: Pureed with honey thickened liquid (1500)”. Diet order is missing the diet type.</p>	<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>I will make changes to the Menu schedule to clearly state that JE's diet is classified as Regular type. The amended Menu schedule will be posted in our refrigerator/kitchen. This will also serve as a constant reminder for me and to help me remember.</p> <p>I'm going to ask the PMD to always check the diet order before he signs the three month update and everytime we visit the doctor for physical evaluation check up.</p> <p>I'm going to use the diet order signed by the doctor for three month update and the physical evaluation of the resident.</p>	<p style="text-align: center;">01/27/20</p>

Licensee's/Administrator's Signature: Crispina L. Camargo

Print Name: Crispina L. Camargo

Date: January 27, 2020

RECEIVED  
JAN 27 2020  
STATE OF FLORIDA