

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Flojo Quality Affordable Care Home	CHAPTER 100.1
Address: 1159 Kuokoa Street, Pearl City, Hawaii 96782	Inspection Date: February 4, 2021 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.

STATE OF HAWAII
OFFICE OF HEALTH CARE
ASSURANCE
STATE LICENSING
21 FEB -2 PM 01

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 Case management qualifications and services. (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided:</p> <p>FINDINGS Resident #1. Case Manager (CM) makes monthly visits. However no evidence in the monthly notes regarding:</p> <ol style="list-style-type: none"> 1. On 10/14/20, CM issued a handout to the primary Care Giver (PCG) on pureed food. Pictures display pleasing foods are pureed and served separately. 2. PCG states no verbal instruction received PCG purées and serves all foods together. 3. No evidence in the CM monthly notes (11/13/20, 12/7/20 and 1/15/20) for monitoring procedure to puree foods so they are appetizing and appealing. 	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u> yes</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>-Discussed deficiency with the case manager -Care manager reviewed with caregivers the Nursing Care Plan on impaired swallowing. Diet: Regular/Dysphasia pureed solids and honey thick liquids. Intervention #14 was added by case manager on 2/16/2021 Case manager reviewed handouts with caregivers about the proper preparation and serving of pureed foods. Case manager observed client's meals being served with proper preparation. Need to keep each food groups separate and to look appetizing and appealing</p> <p>-Hand-out on pureed food preparation given by case manager on 10/14/2020 was shared and discussed with all caregivers for compliance</p>	<p>2/27/2021</p> <p style="text-align: right;">ZI NR-2 NO 01</p> <p style="text-align: right;">STATE OF HAWAII DHHS DHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;</p> <p><u>FINDINGS</u> Resident #1, Case Manager (CM) makes monthly visit. However no evidence in the monthly notes regarding:</p> <ol style="list-style-type: none"> 1. On 10/14/20, CM issued a handout to the Primary Care Giver (PCG) on pureed food. Pictures display pleasing foods are pureed and served separately. 2. PCG states no verbal instruction received. PCG purees and serves all foods together. 3. No evidence in the CM monthly notes (11/13/20, 12/17/20 and 1/15/20) for monitoring procedure to puree foods so they are appetizing and appealing. 	<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>-Caregivers shall puree each food group separately and also shall serve them separately during each meal ensuring that each pureed food group appears appetizing and appealing</p> <p>-Case Manager will monitor the preparation and serving of pureed foods during visits and document it in her monthly notes.</p>	<p>2/27/2021</p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">21 MAR -2 NO 01</p>

Licensee's/Administrator's Signature: UMM [Signature]

Print Name: CECIL B. FLOYD

Date: 2/27/2021

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