

Office of Health Care Assurance

21 MAY 28 AIO :02

State Licensing Section

STATE OF HAWAII  
DOH-OHCA  
STATE LICENSING SECTION

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Erlinda's	CHAPTER 100.1
Address: 2020 Uhu Street, Honolulu, Hawaii 96819	Inspection Date: December 4, 2020

**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>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4)            The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b>FINDINGS</b>            SCGs #1, 2, #3 and #4, no evidence of training to make medication available by the Primary Care Giver (PCG).            Submit evidence of training with COVID-19 precautions.</p>	<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>Provided training and with inservices. evidence of training with COVID-19 precautions submitted</i></p> <p style="text-align: right;">STATE OF HAWAII            DOH-OHCA            STATE LICENSING</p>	<p style="text-align: center;"><b>12-10-2020</b></p> <p style="text-align: center;"><b>ZI MAR 18 P 1:33</b></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> SCGs #1, 2, #3 and #4, no evidence of training to make medication available by the Primary Care Giver (PCG). Submit evidence of training with COVID-19 precautions.</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 log in, in my care home requirements and check monthly for additional training.</i></p>	<p><i>12-10-2020</i></p> <p style="text-align: right;"><b>21 MAR 18 P 1:33</b></p>

STATE OF HAWAII  
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b>FINDINGS</b> Resident #1, inventory of all personal possessions is dated 2016 is not maintained. I.e., front wheel walker and partial dentures are used, but not listed on the resident's inventory.</p>	<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>updated inventory of all personal possessions, added partial dentures and front wheel walker</i></p>	<p>12-10-20</p> <p style="text-align: right;">21 MAR 18 P 1:33</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.</p> <p><b><u>FINDINGS</u></b> Resident #1, inventory of all personal possessions is dated 2016 is not maintained. I.e., front wheel walker and partial dentures are used, but not listed on the resident's inventory.</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 check monthly and do inventory of all personal possessions. and check <sup>off</sup> on my carehome log sheet</i></p>	<p style="text-align: right;"><i>12-10-20</i></p> <p style="text-align: center;"><b>21 MAR 18 P 1:33</b></p> <p style="text-align: center;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (f)  A minimum of three meals shall be provided at regular intervals in each twenty four hour period. There shall be no more than fourteen hours between a substantial evening and breakfast.</p> <p><b>FINDINGS</b>  Resident #1, there is more than fourteen hours between dinner and breakfast. Resident prefers to eat breakfast mid-morning. I.e. during inspection, resident began eating breakfast at 10:30 a.m. Notify provider. If allowed, please obtain written orders.</p>	<p>21 MAY 28 AIO 32  PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b>  <b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>M.D. provided a written order dated 5-8-21</i></p>	<p>5-8-21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition</u> (f)  A minimum of three meals shall be provided at regular intervals in each twenty four hour period. There shall be no more than fourteen hours between a substantial evening meal and breakfast.</p> <p><b>FINDINGS</b>  Resident #1, there is more than fourteen hours between dinner and breakfast. Resident prefers to eat breakfast mid-morning. I.e. during inspection, resident began eating breakfast at 10:30 a.m. Notify provider. If allowed, please obtain written orders.</p>	<p style="text-align: center;">MAY 28 10 02</p> <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><b>FUTURE PLAN</b></p> <p style="text-align: center;">STATE OF HAWAII  DOH-CHCA  STATE LICENSING</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>upon Admission client made aware and discuss meal hours, and will notify the provider when client is not able to participate, and obtain an order if there's fourteen hours between dinner and breakfast.</i></p>	<p style="text-align: center;">5-8-21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><b><u>FINDINGS</u></b> Refrigerator, temperature not maintained. I.e. 55° F with dial thermometer and 56 ° F with a metal stem thermometer.</p>	<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 style="text-align: center;"><i>Will replace Refrigerator</i></p>	<p style="text-align: center;">21 MAR 18 P1:33</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation</u> (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower.</p> <p><u>FINDINGS</u> Refrigerator, temperature not maintained. I.e. 55° F with dial thermometer and 56 ° F with a metal stem thermometer.</p>	<p>MAY 28 110 02</p> <p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p><u>PART 2</u></p> <p><u>FUTURE PLAN</u></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Will maintain a temperature of 45° F or lower for refrigerated foods by checking and monitoring the temperature by recording the reading monthly on my calendar. If the temperature goes above a safe temperature will defrost and clean the refrigerator and monitor and check again if it works if not I have to change my refrigerator</p>	<p>21</p> <p>5-8-21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b>FINDINGS</b> Toxic chemical unsecured as follows:</p> <ol style="list-style-type: none"> <li>1. "Freebreeze" spray can on the kitchen counter</li> <li>2. "Lysol" spray in Resident Bathroom #2.</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 style="text-align: center;"><i>Placed Freebreeze and Lysol spray in a locked cabinet</i></p>	<p style="text-align: center;"><i>12-10-70</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p> <p><b><u>FINDINGS</u></b> Toxic chemical unsecured as follows:</p> <ol style="list-style-type: none"> <li>1. "Freebreeze" spray can on the kitchen counter</li> <li>2. "Lysol" spray in Resident Bathroom #2.</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><i>Will check and lock toxic chemicals in a lock cabinet check everyday and check off on log sheet</i></p>	<p style="text-align: center;"><i>12-10-20</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e)  All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b>  Resident #1, "Hydrocortisone 1%" ordered but not available.</p>	<p style="text-align: center;">PART 1</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>The nephew pick it up at Hawaii Kai Longs and drop it off on said date</i></p>	<p style="text-align: center;"><i>12-21-20</i></p>

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*The nephew pick it up at Hawaii Kai Longs and drop it off on said date*

*12-21-20*

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, "Hydrocortisone 1%" ordered but not available.</p>	<p style="text-align: center;"><del>21 MAY 28 AIO 02</del></p> <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</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><i>A follow<sup>up</sup> call was made by caregiver to the family and nephew said will drop it on Monday because he is not feeling well.</i></p>	<p style="text-align: right;"><i>12-21-20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> No procedure to dispose of expired/discontinued medications. Medication for discharged resident unsecured in refrigerator.</p>	<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 style="text-align: center;"><i>Disposed discontinued meds. with client discharged.</i></p>	<p style="text-align: center;"><i>12-04-20</i></p> <p style="text-align: right;">21 MAR 18 P1 33</p> <p style="text-align: right;">STATE OF HAWAII DHHS STATE LICENSING</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><b><u>FINDINGS</u></b> No procedure to dispose of expired/discontinued medications. Medication for discharged resident unsecured in refrigerator.</p>	<p>21 MAY 28 AIO 02 PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>First, upon discharge of client check all medications in locker as well as refrigerated and dispose and secure it in a bag.</i></p>	<p>05-08-21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1, individual schedule does not reflect current activity. Please discuss with the resident and update schedule.</p>	<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 style="text-align: center;"><i>client's schedule updated and discuss with the client</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DDH-DHCA  STATE LICENSING</p>	<p style="text-align: center;"><i>12-10-20</i></p> <p style="text-align: right; font-size: small;">21 MAR 18 P1:33</p>

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<input checked="" type="checkbox"/>	<p>11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1, individual schedule does not reflect current activity. Please discuss with the resident and update schedule.</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 implement current schedule AND will make notations on care home log sheet daily if changes occur.</i></p>	<p style="text-align: center;">12-10-20</p> <p style="text-align: right;">21 MAR 18 P1 33</p>

STATE OF HAWAII  
DOH-DHCA  
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care and any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1, resident refusing breakfast until mid-morning. Progress notes did not reflect resident's continued refusal.</p>	<p>21 MAY 28 AIO 02</p> <p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will document client's refusal at the time it happened in my progress notes. Will check my progress notes monthly and log it in my calendar.</i></p>	<p>05-08-21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(2)            General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p><b>FINDINGS</b>            No legend in the medication administration record to identify the initials of the person making medication available.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p style="text-align: right;">STATE OF HAWAII            DOH-OHCA            STATE LICENSING</p>	<p>21 MAR 18 P1:33</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><b><u>FINDINGS</u></b>  PCG sanitizing dishes <u>once a day</u> instead after each washing.  Please post instructions to sanitize dishes at the kitchen sink.</p>	<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 style="text-align: center;"><i>sanitized dishes after each use</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII  DOH-OHCA  STATE LICENSING</p>	<p style="text-align: center;"><i>12-04-20</i></p> <p style="text-align: center;"><b>21 MAR 18 P 1 33</b></p>

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Licensee's/Administrator's Signature: *Erinda*

Print Name: ERLINDA S. ISIDRO

Date: 02-18-2021

21 MAR 18 P1:34  
STATE OF HAWAII  
DOH-DHCA  
STATE LICENSING

Licensee's/Administrator's Signature: *Erinda*

'21 MAY 28 AIO :02 Print Name: ERLINDA S. ISIDRO

Date: 05-08-21

STATE OF HAWAII  
DOM-OHCA  
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