

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

|   |                                     |
|---|-------------------------------------|
| Facility's Name: Huapala Senior Care D, LLC               | CHAPTER 100.1                       |
| Address:<br>2649 D Huapala Street, Honolulu, Hawaii 96822 | Inspection Date: May 7, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

RECEIVED  
JUN 21 2021

|                                     | RULES (CRITERIA)  | PLAN OF CORRECTION   | Completion Date  |
|-------------------------------------|---|--|------------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-14 <u>Food sanitation.</u> (c)<br/>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><br/>Only built-in refrigerator thermometer available.</p> | <p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Additional thermometer placed inside refrigerator on 5/7/2021.</p> | <p>6/17/2021</p> |

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|-------------------------------------|---|---|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-100.1-17 <u>Records and reports.</u> (b)(3)<br/>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 plan, 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><br/>Resident #1 – Diet texture not specified on monthly progress notes from January, February, and March 2021.</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> |                 |

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Licensee's/Administrator's Signature: Jennifer Posch

Print Name: Jennifer Posch, ADON

Date: 6/17/2021