

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Yadao (DDDH)	<b>CHAPTER 89</b>
<b>Address:</b> 99-112 Puakala Street, Aiea, Hawaii 96701	<b>Inspection Date:</b> April 16, 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  
DOH-OLCA  
STATE LICENSING

21 JUL 15 AM 1:13

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(2)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Resident's response to "Regular, Minced, Moist" diet was not documented in caregiver's notes.</p> <p style="text-align: center;">STATE OF HAWAII            DOH-DHCA            STATE LICENSING</p> <p style="text-align: center;">21 JUL 15 AM 1:13</p>	<p style="text-align: center;">PART 2</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>To prevent the deficiency in happening again in the future caregiver &amp; substitute caregiver will use a daily monitoring sheet to supervise resident when eating and document number &amp; or record in progress note regarding resident's response to diet.</i></p>	<p style="text-align: right;"><i>7/15/20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (c)  Foods shall be selected and prepared to meet the food desires and habits of residents as much as possible, provided nutritional quality is maintained. One week's menu shall be posted. There shall be a minimum of food supplies for three days, which will be adequate for the number of people to be served.</p> <p><b><u>FINDINGS</u></b>  Resident #1 - There was no menu for "Regular, Minced, Moist" diet.</p> <p style="text-align: right;">STATE OF HAWAII  DGH-ONCA  STATE LICENSING</p> <p style="text-align: right;">21 JUL 15 AM 11:13</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>Spoke with OCHA nutritionist today regarding special diet for a regular minced moist diet</i></p> <p><i>OCHA nutritionist provided caregiver with updated menu and it is good for review</i></p>	<p style="text-align: right;"><i>7/15/21</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (c) An accurate written accounting of residents' income and disbursements shall be kept on an ongoing basis, including receipts for expenditures.</p> <p><b><u>FINDINGS</u></b> Resident #1 – There were no current records for resident's expenditures. The last record entered was in 2019.</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: right;">21 JUL 15 AM 1:13</p>	<p style="text-align: center;">PART 2</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>To prevent this deficiency in occurring again caregiver &amp; not substitute caregiver shall record and keep receipts of expenditures in attached monthly in their monthly as an account.</i></p>	<p style="text-align: right;"><i>7/15/21</i></p>

Licensee's/Administrator's Signature: Avelinda Yadau

Print Name: AVELINDA YADAU

Date: 7/15/21

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