

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Suenaga II</b>	<b>CHAPTER 100.1</b>
<b>Address: 45-390 Kamehameha Highway, Kaneohe, Hawaii 96744</b>	<b>Inspection Date: August 3, 2021 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) 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>§11-100.1-20 <u>Resident health care standards.</u> (c)  The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Significant weight loss of 21 pounds between 7/2020 and 7/2021 was noted. However, documentation that weight loss was discussed with physician was unavailable.</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 called the physician for Resident # 1, I was told that they did not have a scale that could accommodate resident #1's needs. I contacted a fellow care home operator and was able to get an accurate weight. The weight difference from 7/2020 and 8/2021 would be 6 pounds. I contacted the physicians office again and discussed resident #1's weight loss.</p>	<p>8/5/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (c)  The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Significant weight loss of 21 pounds between 7/2020 and 7/2021 was noted. However, documentation that weight loss was discussed with physician was unavailable.</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 purchased a large platform scale that I can place a chair on top<sup>of</sup> for the resident to sit on instead of trying to balance them. I will also inquire<sup>with the physician</sup> and document any weight loss of over five pounds within any three month span.</p>	<p>8/5/21</p>

Licensee's/Administrator's Signature: Stacy Perry

Print Name: Stacy Perry

Date: 8/5/21