

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ulep, Juanita (ARCH)	CHAPTER 100.1
Address: 2817 Nihi Street, Honolulu, Hawaii 96819	Inspection Date: July 13, 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
DEPT. OF HEALTH
LICENSING DIVISION

SEP 20 11:03

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p>FINDINGS Resident #1 – Special diet (diabetic diet) menu unavailable for review. Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Special diet menu for diabetic diet is available. Menus are posted in the kitchen and dining areas. Menus submitted to OHCA. I contacted the OHCA nutritionist for guidance on the diabetic diet menus.</i></p> <p style="text-align: right; font-size: small;">STATE OF HAWAII OHCA STATE LICENSING</p>	<p style="text-align: center;">9-24-21</p> <p style="text-align: right;">21 SEP 20 AM 1:04</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (d) Current menus shall be posted in the kitchen and in a conspicuous place in the dining area for the residents and department to review.</p> <p><u>FINDINGS</u> Resident #1 – Special diet (diabetic diet) menu unavailable for review. Submit a copy with plan of correction.</p>	<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 style="text-align: center;"> <i>To prevent this from happening again, special diet menus will be available for all special diet orders. I will use the checklist/calendar on a weekly basis as a reminder to have a special diet menus available and posted in the kitchen and dining areas. If I need help with the special diet menus, I will contact the OHCA Nutrition</i> </p>	<p style="text-align: right;"> <small>STATE OF IDAHO DEPT. OF HEALTH & WELFARE TALIAFERRO 3</small> 21 SEP 20 AM 1:04 </p>

Licensee's/Administrator's Signature: J. A. Ulep

Print Name: Juanita A. Ulep

Date: 9/20/2021

21 SEP 20 AM 1:04
STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING