

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Waipahu Hale	CHAPTER 100.1
Address: 94-1201 Huakai Street, Waipahu, Hawaii 96797	Inspection Date: September 8, 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  
HEALTH CARE  
LICENSING  
STATE OF HAWAII  
SEP 21 P 3:42

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Resident #2 – Special diet menu for 'pureed diet' unavailable for review</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>THIS PRIMARY CARE GIVER, AGA ANTONIO, CONTACTED OHCA DIETITIAN, ANNETTE JACKSON, AND ASKED FOR ASSISTANCE TO CONVERT MY 4 CYCLE MENUS INTO PUREED DIET. ON SEPTEMBER 13, 2021, MS. JACKSON AND THIS WRITER SPOKE VIA PHONE DISCUSSED REGARDING THE PUREED DIET GUIDELINES, THE SPECIFIC FOODS THAT CANNOT BE PUREED AND HOW TO DO SUBSTITUTION. WITH ALL THE INFORMATION SHE GAVE ME, I WAS ABLE TO CONVERT MY WEEKLY MENU INTO PUREED DIET MENU.</p>	<p>09-18-2021</p> <p>21 SEP 21 P3:42</p> <p>STATE OF HAWAII OHCA SITE 101-1011</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Resident #2 – Special diet menu for 'pureed diet' unavailable for review</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO ENSURE THAT SPECIAL DIET menu IS ALWAYS AVAILABLE FOR REVIEW, THIS WRITER made a REMINDER NOTE AND PUT IT ON THE FOLLOWING AREAS TO REMIND HIM TO POST THE SPECIAL DIET menu IF needed:</p> <ul style="list-style-type: none"> <li>- BULLETIN BOARDS WHERE WEEKLY menus ARE POSTED.</li> <li>- ON THE CALENDAR, EVERY SUNDAY, WHEN A NEW menu IS POSTED.</li> <li>- ON THE ADMISSION CHECKLIST THIS WRITER adds, "POST SPECIAL DIET menu IF RESIDENT ON SPECIAL DIET", under DIET.</li> </ul>	<p>09-18-2021</p> <p>21 SEP 21 P3:42</p> <p>STATE OF MASS. DEPT. OF CORRECTIONS STAFF LOCATION</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2)  Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty-eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Care plan states, "May use hospital bed and bed rails for safety and transfers"; however, no physician's orders available for bed rail use.</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>ON SEPTEMBER 09, 2021, RNCM DANYLE ANN HO WAS MADE AWARE OF THE NON-COMPLIANCE OF RESIDENT #1 (T.I.) ON HIS CARE PLAN. ON THE SAME DATE, RNCM CAME TO THE CARE HOME AND CORRECTED THE DEFICIENCY. RESIDENT #1 DOES NOT USE BED RAILS. THEREFORE, RNCM DELETES, "MAY USE HOSPITAL BED AND BED RAILS FOR SAFETY AND TRANSFERS."</p>	<p>09-09-2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(2) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Develop an interim care plan for the expanded ARCH resident within forty-eight hours of admission to the expanded ARCH and a care plan within seven days of admission. The care plan shall be based on a comprehensive assessment of the expanded ARCH resident's needs and shall address the medical, nursing, social, mental, behavioral, recreational, dental, emergency care, nutritional, spiritual, rehabilitative needs of the resident and any other specific need of the resident. This plan shall identify all services to be provided to the expanded ARCH resident and shall include, but not be limited to, treatment and medication orders of the expanded ARCH resident's physician or APRN, measurable goals and outcomes for the expanded ARCH resident; specific procedures for intervention or services required to meet the expanded ARCH resident's needs; and the names of persons required to perform interventions or services required by the expanded ARCH resident;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Care plan states, "May use hospital bed and bed rails for safety and transfers"; however, no physician's orders available for bed rail use.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>TO ENSURE THAT THIS NON-COMPLIANCE WILL NOT HAPPEN AGAIN, THIS WRITER MADE THE FOLLOWING REMINDERS :</p> <ul style="list-style-type: none"> <li>- a checklist under care plan section to check for restraint orders during RNCM visits to the home.</li> <li>- a reminder note (post-it) under care plan section to check for restraint order if there's any.</li> </ul>	<p>09-09-2021</p> <p>21 SEP 21 P3:42</p> <p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSES AND CERTIFICATIONS</p>

Licensee's/Administrator's Signature:



Print Name:

ASA S. ANTONIO

Date:

09-19-2021

STATE OF HAWAII  
DOH-BICA  
STATE LICENSING

21 SEP 21 P 3:42