

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Anne-Drew's Gentle</b>	<b>CHAPTER 100.1</b>
<b>Address: 94-921 Kahuailani Street, Waipahu, Hawaii 96797</b>	<b>Inspection Date: September 10, 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.**

STATE OF HAWAII  
DOH-1008  
LICENSING DIVISION

21 DEC 13 AM 9:51

'21 SEP 29 A9:27

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<p><input checked="" type="checkbox"/> §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 #1,2,3 – Special diet menu for “chopped moist” diet unavailable. Submit a copy with plan of correction.</p>	<p style="text-align: center;">PART 1</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>On the original menu for special diet “chopped moist diet” was noted on the bottom of the menu on the left hand side with residents’ name, but it was not entered on the next column of the regular diet.</i></p> <p><i>I corrected by adding a column and noted “CM” chopped moist.</i></p> <p><i>Also, I called Registered Dietitian 9/14/21 (DOH/OHCA) to clarify if I did the right thing or did it correctly and said “yes”. I will e-mail the menu <sup>with</sup> correction to RD.</i></p> <p><i>Please see attached corrected Menu #2.</i></p>	<p>STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p><i>Yes 9/14/21</i></p>

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STATE OF HAWAII  
DEPT. OF HEALTH  
STATE LICENSES

21 NOV 12 P 3:07

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><b>FINDINGS</b> Resident #1,3,4 – Number of non-self-preserving residents exceed maximum permitted. Facility contains three (3) non-self-preserving residents.</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>PCG still trying to correct the deficiency ASAP. We are planning to install a house fire sprinkler systems. As of yesterday 9/23/21 I have submitted the building blue print to the contractor for review and permitting. The Honolulu Fire Protection Company that we are trying to get contracted with for the installation e-mailed to schedule a visit next week 9/28/21. If everything goes well according to the plan, they will send me a proposal with timeline to finish/ &amp; installed. I will submit the proposal and plan to DOH/OTCA once available.</i></p>	<p>21 SEP 29 2021</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING <i>An going process</i></p> <p>Per Honolulu Fire Protection Company 3-4 months or definitely as soon as the permit is available</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4)            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>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b>FINDINGS</b>            Resident #1 – Care plan dated 9/8/21 states, "Caregiver will follow client's diet orders: Regular diet – Ensure 1 bottle po QD"; however, physician's diet order on 8/11/21 states, "Regular chopped moist".</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>Primary Care Giver informed Case Manager to update diet from "regular" to "Regular Chopped moist" in order to prevent from happening in the future, PCCG will review / check Case Manager's notes / Care plans after verbal report given to make sure updated order is written out.</i></p>	<p>21 SEP 29 19:27  <i>Yes</i>            9/11/21            STATE OF HAWAII            DCH-ORCA            STATE LICENSING</p>



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STATE OF HAWAII  
 DOH - CHS  
 STATE LICENSING  
 21 NOV 12 P 3:08

Licensee's/Administrator's Signature: Mary Jeanne C. Orato

Print Name: Mary Jeanne C. Orato

Date: 12/13/21

STATE OF HAWAII  
DON-TRACY  
STATE LICENSING  
21 DEC 13 A9:15