

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Ligaya Navasca Dom Home, LLC (DDDH)	CHAPTER 89
Address: 99-058 Upapalu Drive, Aiea, Hawaii 96701	Inspection Date: December 2, 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

STATE OF HAWAII  
OFFICE OF HEALTH CARE ASSURANCE

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 <u>Resident health and safety standards.</u> (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p><b><u>FINDINGS</u></b> Resident #1 – “Start Ensure supplements if not eating. Start once a day.”, ordered on 4/30/21, however, Ensure was not included on medication administration record for the duration that the order was active.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p>21 DEC 20 P 3:22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (a)(2)            Individual records shall be maintained for each resident.            Upon admission or readmission, the facility shall maintain:</p> <p>A report of a medical examination current to within nine months and current diagnosis, physician's orders for medication, diet, special appliances and equipment, treatment, evaluations or direct service to be provided by a physical therapist, occupational therapist, or speech pathologist and a report of an examination for tuberculosis performed within the year prior to admission, height and weight and medical history;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – No documented evidence of a two-step initial tuberculosis clearance.</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 style="text-align: center;"><i>Two steps has been obtained and is in the record.</i></p> 	<p style="text-align: right;"><i>12/3/21</i></p> <p style="text-align: right;">21 DEC 20 P 3:22</p> <p style="text-align: right;">STATE OF MARYLAND            STATE DEPARTMENT OF            HEALTH SERVICES</p>

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	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 –</p> <ul style="list-style-type: none"> <li>- Progress notes do not include resident's weight loss of approximately twenty-three pounds over the inspection year as well as all actions taken by the Care Giver.</li> <li>- Progress notes do not include resident's diet change and resident's response to the diet change.</li> <li>- Progress notes do not include resident's progress towards ISP goals.</li> </ul>	<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 style="text-align: center;"><i>I have written a late entry progress note for the deficiency</i></p> <p style="text-align: center;"><i>[Signature]</i></p>	<p style="text-align: right;"><i>12/3/21</i></p> <p style="text-align: right;">21 DEC 20 P 3:22</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (a)  Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><b><u>FINDINGS</u></b>  Resident #1 –  - No documented evidence of physician signed order for diet change to “mechanical soft thin liquids add on some pureed foods to improve endurance”.  - No documented evidence of physician signed order to discontinue the above special diet.</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>Yes.</i>  Obtained order for  1. "Regular mechanical soft thin liquids" diet dated 7/14/21  2. "Discontinue special diet" dated 8/2/21</p> <p style="text-align: right;"><i>[Signature]</i></p>	<p style="text-align: center;"><i>12/15/21</i></p> <p style="text-align: right;">21 DEC 20 P3:22  STATE COMMISSION  FOR LICENSING</p>



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Licensee's/Administrator's Signature: 

Print Name: LIGAYA NAVASCA

Date: 12/15/21

STATE OF HAWAII  
DEPARTMENT OF  
STATE LICENSING

21 DEC 20 P 3:22