

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Family (DDDH)	CHAPTER 89
Address: 94-035 Nawaakoa Place, Waipahu, Hawaii, 96797	Inspection Date: October 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) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE LICENSING
DEC 22 P 4:14

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (e)(5) General rules regarding records:</p> <p>All records shall be complete and current and readily available for review by the department or any responsible placement agency.</p> <p><u>FINDINGS</u> Resident #1 – Emergency information is outdated.</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><i>New form develop and enter all necessary new information.</i></p>	<p><i>Oct. 21, 2021</i></p> <p style="text-align: right;">21 OCT 22 P 3:35</p> <p style="text-align: right; font-size: small;">STATE OF KANSAS DIVISION OF REVENUE STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-89-19 <u>Nutrition.</u> (m) If a resident converts to special diet while residing in the facility, the caregiver shall obtain instruction and submit menus to a qualified dietician or nutritionist for review within two weeks of the order, if not trained in the specific diet required.</p> <p><u>FINDINGS</u> Resident #1 – Resident is on a Regular minced diet. Care home is not currently licensed for minced diet.</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>	

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Licensee's/Administrator's Signature: Nancy JD Olinarez

Print Name: Nancy JD Olinarez

Date: Oct 8, 2021

STATE OF HAWAII
DOH-REG-A
STATE LICENSING

'21 OCT 22 P 3:35

Licensee's/Administrator's Signature: Nancy Olinarez

Print Name: NANCY OLINAREZ

Date: December 17, 2021

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

21 DEC 22 P4:14