

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Palolo Chinese Home Lani Booth	CHAPTER 100.1
Address: 2459 10th Avenue, Honolulu, Hawaii 96816	Inspection Date: December 10, 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
 DEPT. OF HEALTH
 STATE LICENSING


51 DEC 27 P 4:11

	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><u>FINDINGS</u> Resident #1 Cardiovascular and diabetes care plans specified the incorrect diet order, regular diet. Resident's diet order is consistent carbohydrate, chopped diet ordered 9/1/21, 12/6/21.</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>The DON notified the case manager Elsa and made her aware of the corrections that needed to be updated on resident #1. The case manager Elsa removed the regular diet from the diabetic and cardiac care plans. The most updated diet is listed under the resident's orders. Dietician was notified and also reviewed the care plans.</p>	<p style="text-align: right;">12/17/21 PRO</p> <p style="text-align: right;">21 DEC 27 P 4:11</p> <p style="text-align: center; font-size: small;">STATE OF NEW YORK DEPARTMENT OF HEALTH STATE EMBROIDERING</p>

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Licensee's/Administrator's Signature: 

Print Name: Darlene H. Nakayama

Date: 12/21/21

STATE OF HAWAII
DEPARTMENT OF
STATE OPERATIONS

21 DEC 27 P4:11