

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Cachola Adult Residential Care Home	CHAPTER 100.1
Address: 98-314 Ponokaulike Street, Aiea, Hawaii 96701	Inspection Date: February 10, 2022 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
DOH-ORCA
STATE LICENSING

22 MAR 11 P 1:41

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p>FINDINGS Resident #2: Low salt diet ordered by physician at admission. No documented evidence that low salt diet is being provided as ordered.</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 style="text-align: center;">Yes, A new diet order was obtained on 3/3/22 from PCP and filed in resident binder for department to review.</p>	<p style="text-align: center;">3/3/22</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1: Low salt diet ordered by physician at admission. No documented evidence that low salt diet is being provided as ordered.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, I will make a note to my self on the care home admission list to double check the right diet order my PCP before or on admission day.</p>	<p style="text-align: right;">3/9/22</p> <p style="text-align: right;">22 MAR 11 P1:41</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DHF-ORCA STATE LICENSING</p>

Licensee's/Administrator's Signature: Mexhik
Print Name: Madelaine Cachola
Date: 3/3/22

22 MAR 11 P 1:41
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