

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: F. Glenish J. Caraang	CHAPTER 89
Address: 94-477 Lianu Place, Waipahu, Hawaii 96797	Inspection Date: April 28, 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.

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STATE LICENSING
22 APR 11 AM 38

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (d)(4) When a resident is transferred, the caregiver shall provide a written transfer summary promptly to the receiving facility, which shall include:</p> <p>Current diet, medication, and activity orders signed by a physician. In the course of an emergency transfer, as much of the information required in section 11-89-21 shall be given as time permits.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of diet order available for review.</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>Resident's diet was assessed by his PCP on 4/28/22. Documentation is located in the resident's record.</p>	<p style="text-align: center;">4/28/22</p> <p style="text-align: right;">22 MAY 11 AM 1:38 STATE OF HAWAII DOH-DCSA STATE LICENSING</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (d)(4) When a resident is transferred, the caregiver shall provide a written transfer summary promptly to the receiving facility, which shall include:</p> <p>Current diet, medication, and activity orders signed by a physician. In the course of an emergency transfer, as much of the information required in section 11-89-21 shall be given as time permits.</p> <p>FINDINGS Resident #1 – No documented evidence of diet order available for review.</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>To prevent this deficiency from occurring again in the future, I have put a copy of my admissions checklist in the care home binder and I will refer to this checklist during all future admissions.</p>	<p>4/28/22</p> <p style="text-align: right;">22 MAY 11 AM 1:38</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DOH/ORA STATE LICENSING</p>

Licensee's/Administrator's Signature:

[Handwritten Signature]

Print Name:

F. Glenish J. Caruang

Date:

5/1/2022

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