

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Family Ties Adult Residential Care Home	CHAPTER 100.1
Address: 1119 Kahauiki Place, Honolulu, Hawaii 96819	Inspection Date: January 5, 2023 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
DIVISION
JAN 13 2023
1:01

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (m) A business entity operating more than one Type I ARCH, shall utilize a registered dietitian to assist in the planning of menus and provide special diet consultation, as needed. The consultant shall provide special diet training to food preparation staff to ensure competency.</p> <p>FINDINGS Business entity operating more than one Type I ARCH, no documented evidence of consultation with a registered dietician.</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>Yes</p> <p>I made a contract/hire a registered Dietitian to assist me in planning my menus & agreed to plan therapeutic diets according to physician's orders & guidelines established by the Hawaii academy of nutrition & Dietetics diet manual</p> <p>See attached sheets for info</p>	<p>1/15/23</p> <p>23 JAN 13 AM 1:01</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STATE ARCHIVES HAWAII DIGITIZED BY STATE LIBRARIAN</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 Nutrition. (m) A business entity operating more than one Type I ARCH, shall utilize a registered dietitian to assist in the planning of menus and provide special diet consultation, as needed. The consultant shall provide special diet training to food preparation staff to ensure competency.</p> <p>FINDINGS Business entity operating more than one Type I ARCH, no documented evidence of consultation with a registered dietitian.</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>7 I will put in my admission checklist to remind me that I need a dietitian so that I will not forget.</p> <p>7 I will also put in my personal calendar that says you need a dietitian.</p> <p>7 I will also put a red sign in front of the care home binder that says you need a dietitian.</p> <p>7 I will consult the dietitian for each resident for any new orders/special diet.</p>	<p style="text-align: center;">1/15/23</p> <p style="text-align: center;">23 JAN 13 AM 1:07</p> <p style="text-align: center;">STATE OF ILLINOIS DEPARTMENT OF HEALTH DIVISION OF LICENSING</p> <p style="text-align: center;">J</p>

Licensee's/Administrator's Signature: Felizardo Balh Jr

Print Name: Felizardo Balh Jr

Date: 1/11/23

23 JAN 13 AM 11:02
STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING