

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hope Inc.	CHAPTER 98
Hope Treatment Services	
Address: 360 California Avenue, Wahiawa, Hawaii 96786	Inspection Date: April 14, 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.**

RECEIVED

AUG 02 2021

HUG-02-2021 08:33 FROM:

011110001

011110001

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services.</u> (c) Menus and food service shall meet the nutritional needs of the residents.</p> <p><b><u>FINDINGS</u></b> No documented evidence that the menus meet the nutritional needs of the residents. Menu evaluation was not received as requested.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><b>The Facility Director, the Food Service Manager and the Register Dietitian has a menu on file and will assure that the menu is revised and evaluate on a quarterly basis or as needed. Documents will be available upon request by OCHA</b></p>	<p>July 13, 2020</p>

RECEIVED

AUG 02 2021

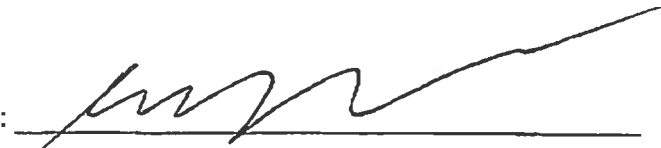
HUGO-500 TERC-2A-504  
 0111110001  
 0111110001  
 0111110001

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services, (c)</u> Menus and food service shall meet the nutritional needs of the residents.</p> <p><b><u>FINDINGS</u></b> No documented evidence that the menus meet the nutritional needs of the residents. Menu evaluation was not received as requested.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p>	
		<p>The Facility Director, food service manager and the RD will be responsible to assure that the menus meet the nutritional needs of the residents; the RD will evaluate the menu on a monthly basis or as needed. Document of the evaluation will be available at the request of OCHA.</p>	<p>July 13, 2021</p>

RECEIVED

AUG 02 2021

Licensee's/Administrator's Signature: \_\_\_\_\_



Print Name: Stanley Perpignan

Date: July 13, 2021

RECEIVED  
AUG 02 2021