

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: One Kalakaua Senior Living	CHAPTER 90
Address: 1314 Kalakaua Avenue, Honolulu, Hawaii 96826	Inspection Date: January 27, 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.

23 FEB 16 AM 1:15
STATE OF HAWAII
DOH SECTION
STATE LICENSING

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #1 – Fluid restrictions of 800 ml were discontinued by the physician on 10/26/22, but service plan was not updated to reflect the changes.</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 deficiency for Resident #1 was corrected. The Service Plan was updated to note the discontinuation of the fluid restriction.</p>	<p style="text-align: center;">1/27/23</p> <p style="text-align: right; color: blue;">23 FEB 16 AM 1:15</p> <p style="text-align: right; color: blue; font-size: small;">STATE OF MICHIGAN STATE LICENSING</p>

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Licensee's/Administrator's Signature: _____

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Print Name: _____

Dee Robinson

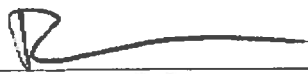
Date: _____

2-13-23

STATE OF HAWAII
BOB BEECHER
STATE LICENSING

23 FEB 16 AM 1:15

Licensee's/Administrator's Signature:



Print Name:

Dee Robinson

Date:

3-1-23

STATE OF HAWAII
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