

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|-------------------------------------|--|--|-----------------|
| <input checked="" type="checkbox"/> | <p>§11-89-19 <u>Nutrition</u>. (l) Special diets shall be provided for residents when ordered by a physician. Caregivers who have not received special diet training may not accept residents requiring special diets until trained by a qualified dietician or nutritionist.</p> <p><u>FINDINGS</u> Resident #1 – Physician diet order dated 8/3/22 for “Regular-chopped” diet, however no special diet menu observed in facility.</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>Notified Annette Jackson, OHCA nutritionist and submitted a revised menu to meet Resident #1 diet order.</p> | <p>4/7/2023</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-19 <u>Nutrition</u>. (l) Special diets shall be provided for residents when ordered by a physician. Caregivers who have not received special diet training may not accept residents requiring special diets until trained by a qualified dietician or nutritionist.</p> <p><u>FINDINGS</u> Resident #1 – Physician diet order dated 8/3/22 for “Regular-chopped” diet, however no special diet menu observed in facility.</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 from reoccurring, I will notify the OHCA nutritionist and my nurse consultant in the licensing department if the diet for my resident's has changed, to make sure that my menu meets the resident's new special diet.</p> | 4/7/2023 |

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| <input checked="" type="checkbox"/> | <p>§11-89-19 <u>Nutrition.</u> (1) Special diets shall be provided for residents when ordered by a physician. Caregivers who have not received special diet training may not accept residents requiring special diets until trained by a qualified dietician or nutritionist.</p> <p><u>FINDINGS</u> Resident #2 – Physician diet order dated 8/3/22 for “Regular with soft small cube (minced meats)” diet, however no special diet menu observed in facility.</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>Notified Annette Jackson, OHCA nutritionist and submitted a revised menu to meet Resident #2 diet order.</p> | <p>4/7/2023</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-19 <u>Nutrition.</u> (1) Special diets shall be provided for residents when ordered by a physician. Caregivers who have not received special diet training may not accept residents requiring special diets until trained by a qualified dietician or nutritionist.</p> <p><u>FINDINGS</u> Resident #2 – Physician diet order dated 8/3/22 for “Regular with soft small cube (minced meats)” diet, however no special diet menu observed in facility.</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 from reoccurring, I will notify the OHCA nutritionist and my nurse consultant in the licensing department if the diet for my resident's has changed, to make sure that my menu meets the resident's new special diet.</p> | <p style="text-align: center;">4/7/2023</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-19 <u>Nutrition.</u> (o) Special diet orders shall be updated every three months by a physician. Verbal orders for special diets shall be recorded on the physician order sheet by the caregiver receiving the verbal orders and written confirmation by the attending physician shall be obtained at the next office visit.</p> <p><u>FINDINGS</u> Resident #1 and #2 – Resident #1 has a special diet of “Regular – chopped” and Resident #2 has a special diet of “Regular with soft small cube (minced meat)” ordered by Physician on 8/3/22. No documented evidence that special diet orders were re-evaluated and updated by physician every three (3) months.</p> | <p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>To prevent this from reoccurring resident's special diets will be re-evaluated during their 3 months update along with a written documentation or the re-evaluation.</p> | <p style="text-align: right;">4/7/2023</p> |

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| <input checked="" type="checkbox"/> | <p>§11-89-19 <u>Nutrition.</u> (o) Special diet orders shall be updated every three months by a physician. Verbal orders for special diets shall be recorded on the physician order sheet by the caregiver receiving the verbal orders and written confirmation by the attending physician shall be obtained at the next office visit.</p> <p><u>FINDINGS</u> Resident #1 and #2 – Resident #1 has a special diet of “Regular – chopped” and Resident #2 has a special diet of “Regular with soft small cube (minced meat)” ordered by Physician on 8/3/22. No documented evidence that special diet orders were re-evaluated and updated by physician every three (3) months.</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 from reoccurring resident's special diets will be re-evaluated during their 3 months update along with a written documentation of the re-evaluation.</p> | <p>4/7/2023</p> |

Licensee's/Administrator's Signature: Francisca Glenish J. Caraang

Print Name: Francisca Glenish J. Caraang

Date: 4/19/2023