

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: The Arc in Hawaii – Wahiawa B	CHAPTER 89
Address: 140B Kuahiwi Avenue, Wahiawa, Hawaii 96786	Inspection Date: August 8, 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>§11-89-14 <u>Resident health and safety standards.</u> (e)(5) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas shall be made available by written physician order and shall be based upon current evaluation of the resident's condition.</p> <p><u>FINDINGS</u> Resident #1 – 90-day medication renewals are inconsistent with regard to having complete medication orders. Orders should include: strength of tablet, strength of dose, route by which to take medication, frequency by which to take medication, any parameters or indications required by Physician/APRN.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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	<p>§11-89-19 Nutrition. (a) Meals shall be well-balanced and sufficient in quantity, quality, and variety to meet nutritional requirements of residents and shall be in accordance with the national research council of the national academy of sciences most current recommended dietary allowance (RDA), and adjusted to age, sex, activity, and disability.</p> <p><u>FINDINGS</u> The following diet orders are non-standard and require clarification by Physician: Resident #1 – Low Carb Resident #2 – Diabetic Diet Resident #3 – ADA Diet Resident #4 – Needs clarification on whether Resident requires thickened liquids due to dysphagia</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

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Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____