

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hiki Mai Ka Lā	CHAPTER 98
Address: 94-371 Kahuawai Street, Waipahu, Hawaii 96797	Inspection Date: March 2, 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>§ 11-98-05 <u>Dietetic services.</u> (d) The food service manager shall have special dietary training approved by the department in order for the facility to accept residents requiring special diets ordered by a physician.</p> <p><u>FINDINGS</u> No documented evidence that the facility utilized the Consultant Registered Dietitian to provide training for the food service manager.</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 program has scheduled to conduct a training with staff regarding training for the food service manager. Training is to be held on June 6, 2023. The agency will provide for the Office of Health Care Assurance the documentation of staff trained once the training has taken place.</p>	<p>June 6, 2023</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-05 <u>Dietetic services.</u> (d) The food service manager shall have special dietary training approved by the department in order for the facility to accept residents requiring special diets ordered by a physician.</p> <p>FINDINGS No documented evidence that the facility utilized the Consultant Registered Dietitian to provide training for the food service manager.</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>Please see previous section on training provided on June 6, 2023.</p> <p>The Clinical Lead and/or the Case Manager, who assumes the responsibility of the facility's Food Service Manager, will schedule an annually occurring training by the program's Registered Dietitian. This training shall be set on the training calendar at the beginning of each fiscal year and completion shall be verified by checking the staff member's training transcript annually.</p> <p>Also, upon hire, each staff will be responsible in completing the food handler safety course provided by the Department of Health. This training shall be renewed every 3 years for existing staff, prior to its expiration date.</p>	<p>June 6, 2023</p>

Licensee's/Administrator's Signature: Christie Onato

Print Name: Christie Onato

Date: July 10, 2023

Licensee's/Administrator's Signature: Christie Onato

Print Name: Christie Onato

Date: 5/31/23