

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: DeGuzman, Lydia (ARCH)	CHAPTER 100.1
Address: 94-293 Kahualena Street, Waipahu, Hawaii 96797	Inspection Date: December 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) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE
LICENSING
SECTION

24 JAN 25 PM 2:50

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1: Diet order by Physician of "Low Fat, Low salt". No documented evidence that special diet is being provided to resident.</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>Yes. The change was made by the doctor accordingly.</p> <p>The doctor has clarified the diet order as "regular diet". The physical exam record (copy attached) was also updated by the physician reflecting this diet order.</p>	<p style="text-align: center;">01/02/2024</p> <p style="text-align: right;">24 JAN 25 P12:50 STATE EMPLOYERS</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1: Diet order by Physician of "Low Fat, Low salt". No documented evidence that special diet is being provided to resident.</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>In the future, I will put a reminder on file and in my personal notes to check the annual diet order. I will also clarify with the physician that the written diet order is correct.</p>	<p style="text-align: center;">01/02/2024</p> <p style="text-align: right;">24 JAN 25 P12:50</p> <p style="text-align: right; font-size: small;">STATE LICENSING</p>

Licensee's/Administrator's Signature: Lydia Deguzman

Print Name: Lydia Deguzman

Date: 1-23-24

STATE OF CALIFORNIA
DEPARTMENT OF
STATE LICENSING

24 JAN 25 PM 2:50