

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Leticia's Care Home	CHAPTER 100.1
Address: 1375 Ala Hoku Place, Honolulu, Hawaii 96819	Inspection Date: November 7, 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 OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

23 NOV 24 P 3:00

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	<p>§11-100.1-13 <u>Nutrition</u>. (a) The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><u>FINDINGS</u> Resident #1 – Diet order dated 10/11/23 states, “low salt fat and CBH diet”; however, primary caregiver (PCG) reports all residents are consuming a regular diet. Resident not being provided diet as ordered by physician.</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 style="text-align: right;">23 NOV 24 P 3:00</p> <p style="text-align: right; font-size: small;">STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSES</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><u>FINDINGS</u> Resident #1 – Special diet menu (“low salt fat and CBH diet”) unavailable</p> <p>Submit a copy of menu with plan of correction.</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><i>Resident #1 visited & discussed with his PCP his special diet menu. He consulted him how important to exercise and to resume regular diet.</i></p>	<p style="text-align: right;"><i>11/20/23</i></p> <p style="text-align: right;"> <small>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</small> </p> <p style="text-align: right;">'23 NOV 24 P 3:00</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 – Physician’s order dated 10/11/23 states, “monitor BP daily and document”; however, no documentation daily blood pressure readings are being obtained.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>STATE OF HAWAII DEPARTMENT OF HEALTH STATE LICENSING</p>

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Licensee's/Administrator's Signature: Tessie Fernando

Print Name: TESSIE FERNANDO

Date: 11/20/23

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

23 NOV 24 P 3:00