

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> <b>Opportunities and Resources, Inc. (ORI) – Unit #10</b>	<b>CHAPTER 89</b>
<b>Address:</b> <b>64-1488 Kamehameha Highway, Wahiawa, Hawaii 96786</b>	<b>Inspection Date: July 26, 2024 Annual</b>

**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.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-89-3 <u>Licensure</u>. (e) A developmental disabilities domiciliary home shall consist of a caregiver's certification and facility license.</p> <p><b><u>FINDINGS</u></b> Current facility license is not displayed in the DD Domiciliary Home. License posted expired in January 2024.</p> <p><b>This is a repeat deficiency from 2023 annual inspection.</b></p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<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><b><u>FINDINGS</u></b> Resident #1 – Three (3) month medication re-evaluation form generated by the facility and signed by the physician do not consistently include route to administer medication.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-89-18 <u>Records and reports.</u> (b)(3)            During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Entries by the caregiver describing treatments and services rendered;</p> <p><b><u>FINDINGS</u></b>            Resident #1 – Physician order dated 6/6/2024 to monitor blood pressure (BP) BID (twice daily). However, there was no documented evidence of BP monitoring from 6/6/24 to present.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition.</u> (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><b><u>FINDINGS</u></b>  Menus observed in the facility do not meet the nutritional requirements of Residents, as there were no portion sizes and did not follow current National Nutritional Guidelines.</p> <p><b>This is a repeat deficiency from 2023 annual inspection.</b></p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p>	



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Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_