

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Tadeo</b>	<b>CHAPTER 100.1</b>
<b>Address: 17-566 S. Ipu'aiwaha Street, Keaau, Hawaii 96749</b>	<b>Inspection Date: February 22, 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 PER HAR 11-100.1-3(e)(2). IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

**FAILURE TO CORRECT CITED DEFICIENCIES AS PER THE PLAN OF CORRECTION COULD RESULT IN REFUSAL TO RENEW YOUR LICENSE PER HAR 11-100.1-3(e)(3).**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b>  Resident #1 – OHCA physical exam form dated 1/25/24 reads “Regular” diet, however DD Physician’s evaluation also dated 1/25/24 reads: “Regular, chopped.” No documentation of clarification obtained from physician regarding which diet orders to follow and no menu available for regular, chopped diet.</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> <p>Went to Resident #1 physician office on 2/26/24, obtained a clarification from Physician regarding which diet orders to follow.  Physician clarified and documented on DD Physician's evaluation form to follow diet order "Regular".</p>	02/26/2024

	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><b><u>FINDINGS</u></b>  Resident #1 – OHCA physical exam form dated 1/25/24 reads “Regular” diet, however DD Physician’s evaluation also dated 1/25/24 reads: “Regular, chopped.” No documentation of clarification obtained from physician regarding which diet orders to follow and no menu available for regular, chopped diet.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</b></p> <p>To ensure this does not happen again in the future. I will use the appropriate physical exam form for each resident, to avoid duplication and confusion. I will also use my calendar app to help remind me to look over forms and seek clarification from Physician/APRN before leaving the office.</p>	<p>02/26/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b>  Resident #2 – OHCA physical exam form dated 1/24/24 reads “Regular” diet, however DD Physician’s evaluation also dated 1/24/24 reads Physician order dated 1/24/24 for “low potassium” diet. However no special diet menu for “low potassium” diet. No documentation that clarification of which diet order to follow.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Went to Resident #2 Physician office today 2/27/24 to obtain a clarification on his diet order to follow. Physician clarified and documented on OHCA physical form to follow diet "Regular Diet".</p>	<p>02/27/2024</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<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><b><u>FINDINGS</u></b> Resident #2 – OHCA physical exam form dated 1/24/24 reads “Regular” diet, however DD Physician’s evaluation also dated 1/24/24 reads Physician order dated 1/24/24 for “low potassium” diet. However no special diet menu for “low potassium” diet. No documentation that clarification of which diet order to follow.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</b></p> <p>To ensure this does not happen again in the future. I will use the appropriate Physical forms for each resident to avoid duplication and confusion. I will also use my calendar app to help remind me to look over forms and seek clarification from Physician/APRN before leaving the office.</p>	<p>02/27/2024</p>

Licensee's/Administrator's Signature: Rianalyn T Handy

Print Name: Rianalyn T Handy

Date: 02/28/2024