

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Responsive Caregivers of Hawaii/Popolo Pl.	CHAPTER 89
Address: 99-193 Popolo Place, Aiea, Hawaii 96701	Inspection Date: June 6, 2024 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>§11-89-18 <u>Records and reports.</u> (b)(2) During residence, records shall be maintained by the caregiver and shall include the following information:</p> <p>Observations of the resident's response to medication, treatments, diet, provision of care, response to activities programs, indications of illness or injury, unusual skin problems, changes in behavior patterns, noting the date, time and actions taken, if any, which shall be recorded monthly or more often as appropriate but immediately when an incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Monthly progress notes for the past twelve (12) months do not document observation of resident's response to medication, diet, and care plan.</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-19 <u>Nutrition</u>. (1) Special diets shall be provided for residents when ordered by a physician. Caregivers who have not received special diet training may not accept residents requiring special diets until trained by a qualified dietician or nutritionist.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence that the low sodium, low cholesterol, low saturated fat diet ordered on 8/11/23 was provided as ordered. No documented evidence that the special diet menu was developed.</p> <p>On 8/30/24 both diet orders were changed to Regular.</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>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-20 <u>Resident accounts.</u> (a) The conditions under which the caregiver agrees to be responsible for the residents' funds or property shall be explained and agreed to by the resident, or the guardian, and documented in the resident's file.</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a signed financial statement by resident and/or representative stating who will be responsible for resident's funds.</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>Financial Statement was provided to caregiver during licensing by the nurse consultant. Financial Statement form was sent out to each participant's legal guardian. All completed financial statements are on file in each resident's file. (Please attachments).</p>	<p>07/09/2024</p>

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Licensee's/Administrator's Signature: Fay De Jesus

Print Name: Fay De Jesus

Date: 07/10/2024

Licensee's/Administrator's Signature: Fay De Jesus

Print Name: Fay De Jesus

Date: 09/03/2024