Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lorenzo Care Home, LLC	CHAPTER 100.1
Address: 98-1591 Hoomaike Street, Pearl City, Hawaii 96797	Inspection Date: September 12, 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 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
service Case reside surro; physi Devel reside expar admis conf reside social care, oreside plan s expan límite ARCI and or proced expan persor requir FIND Reside diagne unspec weakn Submi	on the Case management qualifications and test (c)(2) management services for each expanded ARCH and shall be chosen by the resident, resident's family or gate in collaboration with the primary care giver and cian or APRN. The case manager shall: op an interim care plan for the expanded ARCH and within forty eight hours of admission to the ded ARCH and a care plan within seven days of sion. The care plan shall be based on a febensial poisment of the expanded ARCH intr's needs and shall address the medical, nursing, mental, behavioral, recreational, dental, emergency nutritional, spiritual, rehabilitative needs of the int and any other specific need of the resident. This shall identify all services to be provided to the ded ARCH resident and shall include, but not be did to, treatment and medication orders of the expanded I resident's physician or APRN, measurable goals attempt for intervention or services required to meet the ded ARCH resident's needs; and the names of its required to perform interventions or services ed by the expanded ARCH resident: INGS int #1 — No care plan was developed to address as sees of hypothyroidism (on Levothyroxine) and ciffed Parkinsonism (dependent with ADLs due to cess in arms and legs) I copy of revised care plan with your plan of tion (POC).	PART 1 DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Case manager updated the care plan, which now addresses diagnoses of hypothyroidism and unspecified Partinsonism. The care plan also addresses the interventions and desired goals/outcomes for these diagnoses. (Care plan will be submitted separately).	9/18/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
(c)(2) Case manageresident shat surrogate in physician of the Develop and resident with expanded A admission. Comprehent resident's in social, mendicare, nutrition resident and plan shall ide expanded A limited to, the ARCH resident and procedures expanded A required to expanded A required to expanded A required to expanded A resident #1 diagnoses of unspecified	gement services for each expanded ARCH all be chosen by the resident, resident's family or a collaboration with the primary care giver and a collaboration with the primary care giver and a care plan for the expanded ARCH thin forty eight hours of admission to the area plan shall be based on a sive assessment of the expanded ARCH eeds and shall address the medical, nursing, tal, behavioral, recreational, dental, emergency onal, spiritual, rehabilitative needs of the any other specific need of the resident. This dentify all services to be provided to the area than dedication orders of the expanded dent's physician or APRN, measurable goals and or the expanded ARCH resident; specific for intervention or services required to meet the arch resident's needs; and the names of persons perform interventions or services required by the arch resident; — No care plan was developed to address of hypothyroidism (on Levothyroxine) and Parkinsonism (dependent with ADLs due to a arms and legs)	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? The RN case manager and PCG will collaborate and review the care plan on admission/readmission and monthly during the RN CM visit to ensure that all problems related to current care, including related diagnoses and treatments, are addressed and incorporated into the care plan. As a reminder, I will place sticky notes on the RN CM tab to remind the RN CM and PCG to complete the task.	9/18/2024

Licensee's/Administrator's Signature:	Catherine Lorenzo
Print Name:	Catherine Lorenzo
	09/26/2024