

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| Facility's Name: Opportunities and Resources, Inc. (ORI) – Unit #10 | CHAPTER 89 |
| Address: 64-1488 Kamehameha Highway, Wahiawa, Hawaii 96786 | Inspection Date: July 26, 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>§11-89-3 <u>Licensure</u>. (e) A developmental disabilities domiciliary home shall consist of a caregiver's certification and facility license.</p> <p>FINDINGS Current facility license is not displayed in the DD Domiciliary Home. License posted expired in January 2024.</p> <p>This is a repeat deficiency from 2023 annual inspection.</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>The License have been displayed in DD Domiciliary Home Unit #10.</p> | <p>09/17/2024</p> |

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| <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><u>FINDINGS</u> Current facility license is not displayed in the DD Domiciliary Home. License posted expired in January 2024.</p> <p>This is a repeat deficiency from 2023 annual inspection.</p> | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future to prevent reoccurrence of the same deficiency, the case manager will ensure that copy will be provided to the caregiver as soon as license is received.</p> <p>The case manager will check the house at least once a month to ensure license and other documents is displayed.</p> | 10/15/2024 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
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| <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><u>FINDINGS</u> 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 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>The 90-day medication update have been revised included on the update are the dosages and route of all medications and re-signed by the physician.</p> | 09/17/2024 |

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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><u>FINDINGS</u> 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 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>The caregiver started monitoring the BP for Resident#1 on August 05, 2024, twice a day and caregiver have been provided with a form to document the BP reading</p> | <p>08/05/2024</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><u>FINDINGS</u> 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>This is a repeat deficiency from 2023 annual inspection.</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>The caregiver and other staff were given retraining on how to prepare menu and how to follow the dietician's recommendations in accordance with the National Nutritional Guidelines.</p> <p>The dietician were informed about the findings and was instructed to revise the nutritional assessment for all Residents who are in special diet, she was instructed to specify on how many grams, how many cups of carbohydrate each meal, etc.</p> <p>The dietician provided a flyer for the caregiver to follow when preparing menus.</p> | 10/15/2024 |

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| <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 #2 – Resident was ordered a controlled carbohydrate diet ordered 8/22/23, 11/20/23, 2/21/24, 5/22/24 was clarified with the physician to include amount of carbohydrate allowed per meal/day.</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>The caregiver and other staff were given retraining on how to prepare menu and how to follow the dietician's recommendations.</p> <p>The dietician provided a flyer for the caregiver to follow when preparing menus.</p> | 10/15/2024 |

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| <input checked="" type="checkbox"/> | <p>§11-89-19 <u>Nutrition.</u> (l) 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 #2 – Resident was ordered a controlled carbohydrate diet ordered 8/22/23, 11/20/23, 2/21/24, 5/22/24 was clarified with the physician to include amount of carbohydrate allowed per meal/day.</p> | <p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future to avoid reoccurrence of the same deficiency, the caregiver will ensure that all menus will be prepared according to the National Nutritional Guidelines.</p> <p>The case manager will check the menus upon submitted by the caregiver to ensure that the guidelines how to prepare menus were followed.</p> | 09/17/2024 |

Licensee's/Administrator's Signature: Susan Hudson for Susanna F. Cheung

Print Name: Susan Hudson for Susanna F. Cheung

Date: 09/25/2024

Licensee's/Administrator's Signature: Susan Hudson for Susanna F. Cheung

Print Name: Susan Hudson for Susanna F. Cheung

Date: 10/18/2024