

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pualei Care Home	CHAPTER 100.1
Address: 7246 Anakua Street, Honolulu, Hawaii, 96825	Inspection Date: October 8, 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>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #2: No documented evidence of hospice visits and consultations by Hospice services provider.</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><i>I requested copies of Bristol Hospice careplan and notes from Bristol Hospice RN.</i></p>	<p style="text-align: right;"><i>10/9/24</i></p> <p style="text-align: right;">24 OCT 22 10 30 AM '24</p> <p style="text-align: right;">STATE OF CONNECTICUT</p>

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☒	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #2: No documented evidence of hospice visits and consultations by Hospice services provider.</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><i>I will have a section in the resident's binder for Hospice care plans and notes. I have updated my admission checklist adding a line to request for care plan and notes from Hospice RN upon admission. I have also put a sign on my refrigerator door as a reminder to request RN notes after each Hospice visit.</i></p>	<p style="text-align: right;"><i>10/15/24</i></p> <p style="text-align: right;">24 OCT 22 AM '24</p>

Licensee's/Administrator's Signature: Ruby Jose

Print Name: Ruby Jose

Date: 10/15/24

STATE OF
NEW YORK
DEPARTMENT OF
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