

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Birds of Paradise Home Corporation</b>	<b>CHAPTER 100.1</b>
<b>Address: 3470 Ala Hapuu Street, Honolulu, Hawaii, 96818</b>	<b>Inspection Date: July 17, 2025 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. 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>§11-100.1-13 <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, #3, #4: Menu does not reflect diet order of "thin liquids".</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><u>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</u></b></p> <p>- I corrected by adding with Thin Liquids in to the residents #1, #3, #4, menu and place it by the kitchen and living room area .</p> <p>- I informed caregivers to follow menu guidelines before meals.</p>	<p style="text-align: center;">10/28/25</p> <p style="text-align: center;">mcw</p>

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