

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Charity Adult Residential Care Home/E-ARCH II	CHAPTER 100.1
<b>Address:</b> 1563 Molina Street, Honolulu, Hawaii 96818	<b>Inspection Date:</b> July 7, 2025 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
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (a)  The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><b><u>FINDINGS</u></b>  Resident #1 – Physician's order dated 6/30/25 states, "2000 ADA diabetic diet, minced, nectar thickened liquid"; however, PCG reports diabetic component of diet order is not being provided.</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>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG consulted [REDACTED] [REDACTED] DOH RD, for assistance in updating the diabetic diet menu for minced and nectar consistencies. PCG also attended a diabetic class on 7/22/25.</p> <p>The revised menu now specifies which fluids and foods require thickening for nectar consistency. It also includes suitable options for a minced consistency diet, eliminating inappropriate items such as bread, nuts, crackers, dried fruits, and raw or seeded foods.</p> <p>Please see the attached revised menu.</p>	<p style="text-align: center;">7/25/25</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (a)  The Type I ARCH shall provide each resident with an appetizing, nourishing, well-balanced diet that meets the daily nutritional needs and diet order prescribed by state and national dietary guidelines. To promote a social environment, residents, primary care givers and the primary care giver's family members residing in the Type I ARCH shall be encouraged to sit together at meal times. The same quality of foods provided to the primary care givers and their family members shall be made available to the residents unless contraindicated by the resident's physician or APRN, resident's preference or resident's family.</p> <p><b>FINDINGS</b>  Resident #1 – Physician's order dated 6/30/25 states, "2000 ADA diabetic diet, minced, nectar thickened liquid"; however, PCG reports diabetic component of diet order is not being provided.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future, PCG will update the menu and follow MD orders to maintain right consistency and appropriate food selection. Both PCG and SCGs will provide suitable minced diet options and remove items that do not meet resident's nutritional needs. Both PCG and SCGs will follow the posted menu approved by the dietitian.</p> <p>In the future, PCG will regularly reinforce education on diabetic minced and nectar consistency diets to support SCG adherence. Staff in-service sessions will be conducted monthly, and as needed when there are changes or updates to diet orders.</p> <p>In the future, PCG will also consult with a dietitian for questions or clarifications about revising menus in a timely manner.</p>	07/25/25

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b>FINDINGS</b> Resident #1 – Physician’s order dated 6/30/25 states, “2000 ADA diabetic diet, minced, nectar thickened liquid”; however, diet menu does not include diabetic diet and minced texture components of diet order. Menu also includes food items not appropriate for minced diet (e.g., whole wheat bread, nuts, raisins, etc)</p> <p>Submit a copy of revised menu with plan of correction.</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>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG consulted [REDACTED] DOH RD, for assistance in updating the diabetic diet menu for minced and nectar consistencies.</p> <p>The revised menu now specifies which fluids and foods require thickening for nectar consistency. It also includes suitable options for a minced consistency diet, eliminating inappropriate items such as bread, nuts, crackers, dried fruits, and raw or seeded foods. Please see the attached revised menu.</p>	<p>7/25/25 Serrano</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>, (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.</p> <p><b><u>FINDINGS</u></b> Resident #1 – Physician’s order dated 6/30/25 states, “2000 ADA diabetic diet, minced, nectar thickened liquid”; however, diet menu does not include diabetic diet and minced texture components of diet order. Menu also includes food items not appropriate for minced diet (e.g., whole wheat bread, nuts, raisins, etc)</p> <p>Submit a copy of revised menu with plan of correction.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</b></p> <p>In the future, PCG will make sure to update the menu to align with MD order changes and ensure right consistency. Both PCG and SCG will provide appropriate minced diet options and remove unsuitable items to meet residents' nutritional needs.</p> <p>PCG will also regularly reinforce diabetic minced and nectar consistency diet education to support SCG compliance.</p> <p>Please see attached revised menu</p>	<p style="text-align: center;">7/25/25</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (m)  All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b>FINDINGS</b>  Resident #1 – Physician's order dated 6/10/25-6/29/25 stated, "Insulin Aspart FlexPen, Subcutaneous Solution Pen Injector 100 unit/mL Inject as per sliding scale"; however, units administered were not documented on medication administration record (MAR) when given.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>, (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 – Conflicting orders provided by provider on 6/25/25: “Cranberry extract 500mg by mouth daily” and “Cranberry 450mg by mouth daily”.</p> <p>Submit a copy of clarified order with plan of correction.</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>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>PCG notified the provider through MyChart (Electronic Medical Record) to discontinue the old Cranberry extract 500mg prescription to prevent having two conflicting orders. The discontinue order was faxed for the provider to review and sign, and the signed discontinue order was received on July 14, 2025. Please see attached clarified order.</p>	<p style="text-align: center;">7/14/25</p>

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Licensee's/Administrator's Signature: N. DeCastro

Print Name: Nette F. DeCastro

Date: 7/25/25

