

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/20/2015
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NAME OF PROVIDER OR SUPPLIER
THE ARC OF MAUI - MANA OLA

STREET ADDRESS, CITY, STATE, ZIP CODE
**450 KANALOA AVENUE
KAHULUI, HI 96732**

2015 MAR 16, P 1:03

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
9 000	INITIAL COMMENTS A licensure survey was conducted from 2/18/15 to 2/20/15 by the State Agency.	9 000	Reference Tag ID 9 094 11-99-9 (d)(3)(A) DIETETIC SERVICES	
9 094	11-99-9(d)(3)(A) DIETETIC SERVICES Food shall be served in a form consistent with the needs of the residents and their ability to consume it. This Statute is not met as evidenced by: Based on observation, record review and interview with staff members, the facility failed to ensure 1 [redacted] of 3 clients in the active sample food was served in a form consistent with the developmental needs of the client. Finding includes: [redacted]	9 094	<p>The facility failed to ensure 1 [redacted] of 3 clients in the active sample food was served in a form consistent with the developmental needs of the client.</p> <p>To correct this issue [redacted] was retained on the Health & Safety and Diet Order [redacted]</p> <p>To ensure no other clients were affected by this issue, all staff's correct implementation of the Health & Safety's and Diet Orders for all clients in the Day Program were observed and reviewed and no other issues were identified.</p> <p>A systematic approach to prevent recurrence is the development of a new <i>Diet Order Card</i> that will now be placed permanently on the food cart at Day Program. The cart is used for purposes of bringing food from the kitchen into the Day Program dining area during snack and meal times and will ensure the clients' individual Diet Orders with the corresponding client initials (for confidentiality) are readily available to review during meal service. Although</p>	3/12/15

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

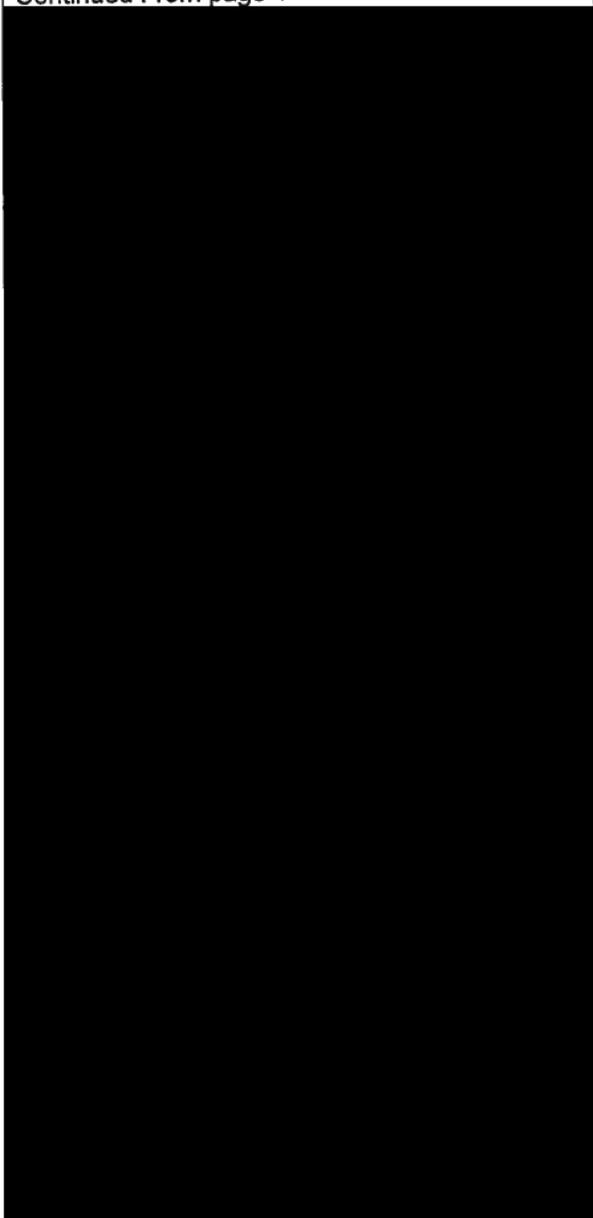
Program Supervisor

3/12/15

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9 094	Continued From page 1 	9 094	<p>this information was available in the menu binder, the newly developed <i>Diet Order Card</i> will assist staff to correctly implement the Diet Orders to ensure the safety of all clients.</p> <p>To monitor this corrective action, the Day Program Manager will observe and document on a monitoring calendar, developed by the Program Supervisor, three (3) times weekly for two (2) months, staff's correct implementation of the Health & Safety and Diet Order  The monitoring calendar documentation will be reviewed monthly by the Program Supervisor and located in the Quality Assurance (QA) binder.</p>	

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