

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manayan's ARCH-EC-LLC	CHAPTER 100.1
Address: 1319 Gulick Avenue, Honolulu, Hawaii 96819	Inspection Date: February 18, 2015 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a) Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p>FINDINGS Resident #1 No level of care assessment on admission.</p>	<p>corrective action: level of care assessment was completed copy attached</p> <p>Future Plan: I will make sure to get the level of care assessment done and signed by MD before I admitting client pls. see admission check list attached.</p>	<p>2-10-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-14 <u>Food sanitation.</u> (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies.</p>		<p>SEP 19 08:56</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>FINDINGS [redacted] unsecured in resident accessible laundry area.</p>	<p>corrective action: [redacted] has been secured w/ the locker. Future Plan: I will secured all my chemicals, poisons</p>	<p>2-18-15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;</p> <p>FINDINGS Resident #1 No P.E. on admission. Resident #1 No TB clearance on admission.</p>	<p>corrective action: P.E. assesment was completed and copy attached Future Plan: I will make it sure P.E. assesment is done and signed by MD before admitting the client. corrective action: TB clearance is completed copy attached. Future Plan: I will make it sure TB was completed before admitting a client or resident</p>	<p>3-5-15 2-19-15</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p>FINDINGS Resident #1 No diet order on admission.</p>	<p>corrective action: diet, med. was completed on copy attached. Future Plan: I will make sure to get the diet medication, treatment order signed by the MD. before I admit the client. check list attached.</p>	<p>2-10-15 16 SEP 19 16:56</p>
<p><input checked="" type="checkbox"/></p>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(3) General rules regarding records:</p>		<p>REC'D 16 SEP 19 16:56</p>

	Rules (Criteria)	Plan of Correction	Completion Date
	<p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>FINDINGS: Resident #1 No [redacted] certification on admission.</p> <p>ARCH exceeds maximum of two (2) [redacted] residents. One (1) [redacted] resident and two (2) residents requiring [redacted] assistance [redacted].</p>	<p>corrective action: [redacted] assessment was completed copy attached</p> <p>Future Plan: I will make sure to get the [redacted] assessment done and signed by MD before admit client pls see my admission list attached</p>	<p>2-10-15</p>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (1)(1) An enclosed dining area within the Type I ARCH shall be provided for residents which shall be apart from sleeping quarters but may be in continuity to the living room area. The following shall prevail:</p> <p>At least one table with twenty nine inches clearance between floor and lower edge shall be provided to allow for those residents using wheelchairs;</p> <p>FINDINGS Resident dining table 26.5" clearance.</p>	<p>Manayan's care home was transferred to a new care home and new furniture. In the future I will make it sure the measurement of the dining table is 29 inches clearance between floor and lower edge to provide to allow pt. using wlc. 2 1/8 inches added to increase the height of the table.</p>	<p>2-19-15</p>

Licensee/Administrator's Signature: *Florence Manayan*
Print Name: Florence Manayan
Date: 5-2-15

Licensee's/Administrator's Signature: *Florence Manayan*
Print Name: Florence Manayan
Date: 9-19-16

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