

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name: Caring Manoa, L.L.C.</b>	<b>CHAPTER 100.1</b>
<b>Address: 2383 Beckwith Street, Honolulu, Hawaii 96822</b>	<b>Inspection Date: April 19 &amp; 20, 2017 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.**

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i)  Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b>  Resident #1 No documentation that "as tolerated" diet ordered on 3/13/17 was clarified with physician.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>The Home has clarified Resident #1's diet order with the PCP.</p>	<p>April 21, 2017</p>

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (i)  Each resident shall have a documented diet order on admission and readmission to the Type I ARCH and shall have the documented diet annually signed by the resident's physician or APRN. Verbal orders for diets shall be recorded on the physician order sheet and written confirmation by the attending physician or APRN shall be obtained during the next office visit.</p> <p><b><u>FINDINGS</u></b>  Resident #1 No documentation that "as tolerated" diet ordered on 3/13/17 was clarified with physician.</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>The Home has designated a staff member as Clinical Auditor, who meets the qualifications for Primary Care Giver set forth by §11-100.1-8, §11-100.1-52, and §11-100.1-82, but is designated as a Substitute Care Giver. The Clinical Auditor is responsible to assist the Primary Care Giver to oversee all resident files and ensure that the resident diet orders are properly carried out. The Clinical Auditor shall assist the Primary Care Giver to promptly clarify any "as tolerated" diet orders.</p>	<p>August 25, 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition. (1)</u>  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 #2 No documentation that the diet order "limit concentrated sweets regular diet" ordered 1/31/17 was provided as ordered.</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>After survey, the PCG and R.N. documented that the diet order "limited concentrated sweets regular diet" was being provided as ordered. Resident #2's diet order has been updated to "regular diet" on June 30, 2017.</p>	<p style="text-align: center;">April 21, 2017</p> <p style="text-align: right; font-size: small;">47 137</p>

	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<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 #2 No documentation that the diet order “limit concentrated sweets regular diet” ordered 1/31/17 was provided as ordered.</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>The Home has designated a staff member as Clinical Auditor, who meets the qualifications for Primary Care Giver set forth by §11-100.1-8, §11-100.1-52, and §11-100.1-82, but is designated as a Substitute Care Giver. The Clinical Auditor is responsible to assist the Primary Care Giver to oversee all resident files and shall ensure that all diet orders carried out are properly documented.</p>	<p>August 25, 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><b><u>FINDINGS</u></b> Back exit walkway partially blocked with parked cars.</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>Parked cars have been cleared from back exit walkway.</p>	<p style="text-align: center;">April 21, 2017</p>

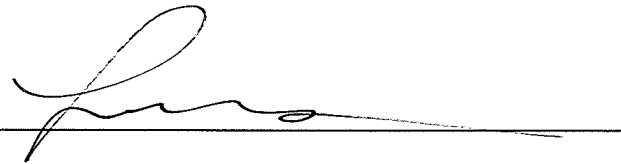
	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><b><u>FINDINGS</u></b>  Back exit walkway partially blocked with parked cars.</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>The Home's administrator has coached staff and visitors to park vehicles within the lines of the parking stalls, and signs have been erected to notify drivers that the walkway shall be kept clear at all times.</p>	<p>April 21, 2017</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)  The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><b><u>FINDINGS</u></b>  There is a deep trench adjacent to the house that could be a fall risk hazard at the start of the back exit walkway.</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>The trench along the back exit walkway has been blocked off.</p>	<p>April 21, 2017</p>



	<b>Rules (Criteria)</b>	<b>Plan of Correction</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p><b><u>FINDINGS</u></b> There is a deep trench adjacent to the house that could be a fall risk hazard at the start of the back exit walkway.</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>The Home has placed a large planter box along the walkway to prevent anyone from falling into the trench.</p>	<p style="text-align: center;">April 21, 2017</p> <p style="text-align: right; vertical-align: bottom;">47 1537</p>

Licensee's/Administrator's Signature: \_\_\_\_\_



Print Name: Todd Pang, Administrator

Date: August 25, 2017

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