

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Marina Manuel Care Home	CHAPTER 100.1
Address: 94-1035 Lumikula Street, Waipahu, Hawaii 96797	Inspection Date: April 21, 2016 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(1) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Conduct a comprehensive assessment of the expanded ARCH resident prior to placement in an expanded ARCH, which shall include, but not be limited to, physical, mental, psychological, social and spiritual aspects;</p> <p><b>FINDINGS</b> Resident # 1, case manager submitted weekly standing orders and received same orders signed by the physician as follows:</p> <ol style="list-style-type: none"> <li>1) "May crush medication and mix with pudding or applesauce.</li> <li>2) "May cut medications and take with fluid or mix".</li> </ol> <p>However, standing orders do not reflect resident needs in the comprehensive assessment, monitored care plan or training.</p>	<p>① I immediately called the CM &amp; informed her that Res. # 1 does not need to have her meds crushed &amp; is able to swallow with out difficulty. The CM clarified orders with the Physician &amp; orders were updated to reflect the resident needs.</p> <p>② In the future, I will double check all physician's orders to ensure they are pertinent to</p>	4/26/16

The res. needs & plan of care. When they ask descriptions I will immediately alert the CM so that the appropriate action is taken.

Licensee's/Administrator's Signature: Marina Manuel

Print Name: MARINA MANUEL

Date: 8/8/16