

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Manoa Cottage	CHAPTER 100.1
Address: 2035 Kamehameha Avenue, Honolulu, Hawaii 96822	Inspection Date: July 26 & 27, 2017 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.

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

'18 AUG -3 AMO :34

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	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><u>FINDINGS</u> No documentation that the residents were provided with a nutritionally adequate diet as there were no amounts stated on the menu.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The menu with portion sizes (amounts) were provided to the cook to assure proper serving sizes.</p>	<p style="text-align: right;">7-27-17</p> <p style="text-align: right;">*18 AUG -3 A10:34</p> <p style="text-align: right;">STATE OF HAWAII DON-ONCA STATE LICENSING</p> <p style="text-align: right; writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</p>

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<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><u>FINDINGS</u> No documentation that the residents were provided with a nutritionally adequate diet as there were no amounts stated on the menu.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The dietician will provide menus with portion sizes for the cook to assure that the diet is served with proper serving sizes.</p>	<p style="text-align: right;">7-27-77 and on-going</p> <p style="text-align: right;">18 AUG -3 AMO 34</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right; font-size: 2em;">RECEIVED</p>

	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (c) Unusual incidents shall be noted in the resident's progress notes. An incident report of any bodily injury or other unusual circumstances affecting a resident which occurs within the home, on the premises, or elsewhere shall be made and retained by the licensee or primary care giver under separate cover, and shall be made available to the department and other authorized personnel. The resident's physician or APRN shall be called immediately if medical care may be necessary.</p> <p><u>FINDINGS</u> Resident #1 progress notes, dated 7/12/17, describe an open area on resident left elbow, dated 6/18/17 describe a skin tear on right lower leg (calf), and dated 7/28/17 describe an open area on resident buttocks. No incident reports found for these three noted unusual incidents.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">18 AUG -3 AIO :34</p> <p style="text-align: right;">STATE OF HAWAII DOH-DHCA STATE LICENSING</p> <p style="text-align: right; transform: rotate(90deg);">RECEIVED</p>

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	Rules (Criteria)	Plan of Correction	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p><u>FINDINGS</u> Resident #1 no documentation that the facility utilized the consultant registered dietitian to provide nutritional assessments for resident on pureed diet with nectar thickened liquids, diagnosis of dysphagia, Ensure supplement, and history of significant weight changes.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The consultant registered dietitian reviewed the nutritional needs of resident #1 relative to the need for pureed diet with nectar thickened liquids.</p>	<p style="text-align: right;"><i>8-27-17 and on-going</i></p> <p style="text-align: right;">18 AUG -3 AMO:34</p> <p style="text-align: right;">STATE OF HAWAII DDH-ORCA STATE LICENSING</p> <p style="text-align: right; writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</p>

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Licensee's/Administrator's Signature: *Calvin Hara*

Print Name: Calvin Hara

Date: 7/26/18

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